Provider Secure Portal User Manual

Provider Secure Portal User Manual
Version 1.0
2010

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Registration

A user account is required to access the Provider Secure area. If you do not have a user account, click **Register** to complete the 4-step registration process below.

Provider Registration - Step 1

Signing up is Free and Easy

We are happy to provide online transactions that save you time and increase your office efficiency.Signing up is an easy four-step process. Enter your information in the fields below and continue on to the next step. Once all your information is submitted and confirmed, we will contact you to let you know your account is activated.

*=Required Information

Physician/Practice/Clinic/Group Information

Physician/Group Name: *	
Tax ID:*	
NPI:	

Your Information

First Name:*	
Last Name:*	
Phone Number:*	- - Ext:
Fax Number:	- -
Email Address:*	
Confirm Email Address:*	

Usernames and Passwords are case-sensitive. Make note of the username and password that you create. They will be required each time that you log in to the website.

User Name:*	(At least five characters)
Password:*	(At least six characters with a number)
Confirm Password:*	
Password Reminder Question1:*	
Password Reminder Answer1:*	
Password Reminder Question2:*	
Password Reminder Answer2:*	
Password Reminder Question3:*	
Password Reminder Answer3:*	

Continue Cancel

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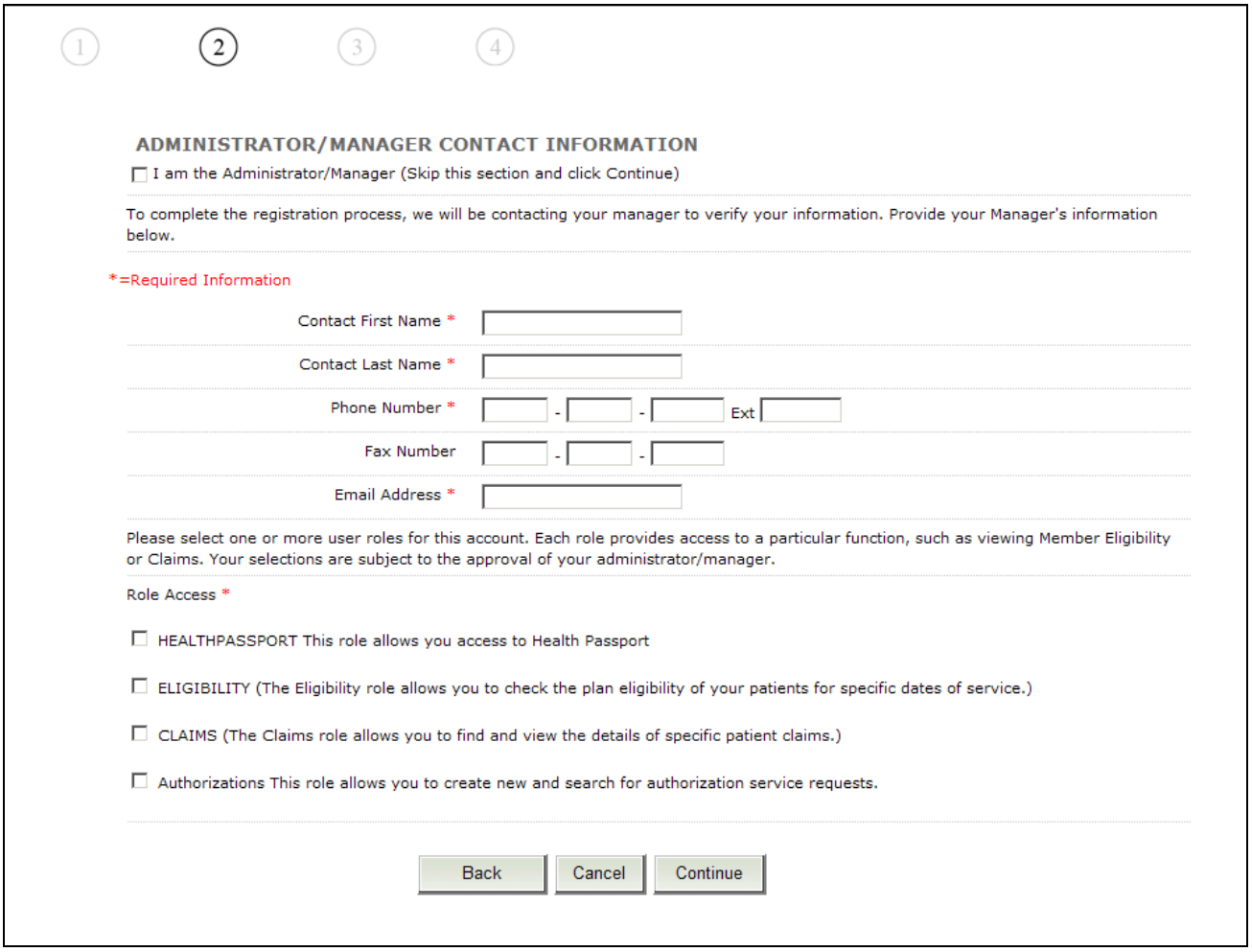
Provider Registration

- Enter Physician/Group Name
-
- Enter Tax ID
-
- Enter NPI (Optional)
- Enter First Name
- Enter Last Name
- Enter Phone Number
- Enter Fax Number (Optional)
- Enter Email Address
- Enter Confirm Email Address
- Enter User Name (At least five characters)
- Enter Password (At least six characters with a number)
- Enter Confirm Password
- Select Password Reminder Question 1 and Password Reminder Answer
- Select Password Reminder Question 2 and Password Reminder Answer
- Select Password Reminder Question 3 and Password Reminder Answer
- Left-click your mouse on the Continue button to proceed to Step 2

Cancel:

- Left-click your mouse on the **Cancel** button to return to the Provider Secure Login screen


1
2
3
4
ADMINISTRATOR/MANAGER CONTACT INFORMATION
I am the Administrator/Manager (Skip this section and click Continue)
To complete the registration process, we will be contacting your manager to verify your information. Provide your Manager's information below.
*=Required Information
Contact First Name *
Contact Last Name *
Phone Number *
Ext
Fax Number
Email Address *
Please select one or more user roles for this account. Each role provides access to a particular function, such as viewing Member Eligibility or Claims. Your selections are subject to the approval of your administrator/manager.
Role Access *
HEALTHPASSPORT This role allows you access to Health Passport
ELIGIBILITY (The Eligibility role allows you to check the plan eligibility of your patients for specific dates of service.)
CLAIMS (The Claims role allows you to find and view the details of specific patient claims.)
Authorizations This role allows you to create new and search for authorization service requests.
Back
Cancel
Continue

Step 2

If you are the Administrator/Manager, left-click on the **I am the Administrator/Manager** check box. This will auto populate the contact information and allow you to skip that section.

If you are not the Administrator/Manger, complete the contact section with providing your administrator's/manager's information.

- Enter **Contact First Name**
- Enter **Contact Last Name**
- Enter **Phone Number**
- Enter **Fax Number** (Optional)
- Enter **Email Address**

The provider secure portal offers four distinct areas of functionality that can be accessed: eligibility, claims, health passport, and authorizations, and. When registering for a web account, please specify the role or roles you would like access to by clicking the corresponding checkbox.

Role Access Options

ELIGIBILITY:

- View Member Details
- View and Print PCP Panel (Patient List)

CLAIMS

- Search and View Claims
- Submit Claims
- Check Claims Status
- View Payment History

HEALTH PASSPORT

- Access to Health Passport

AUTHORIZATIONS

- Search and View Authorizations
- Submit Authorizations

Once they have completed the Administrator / Manager Contact Information Page,

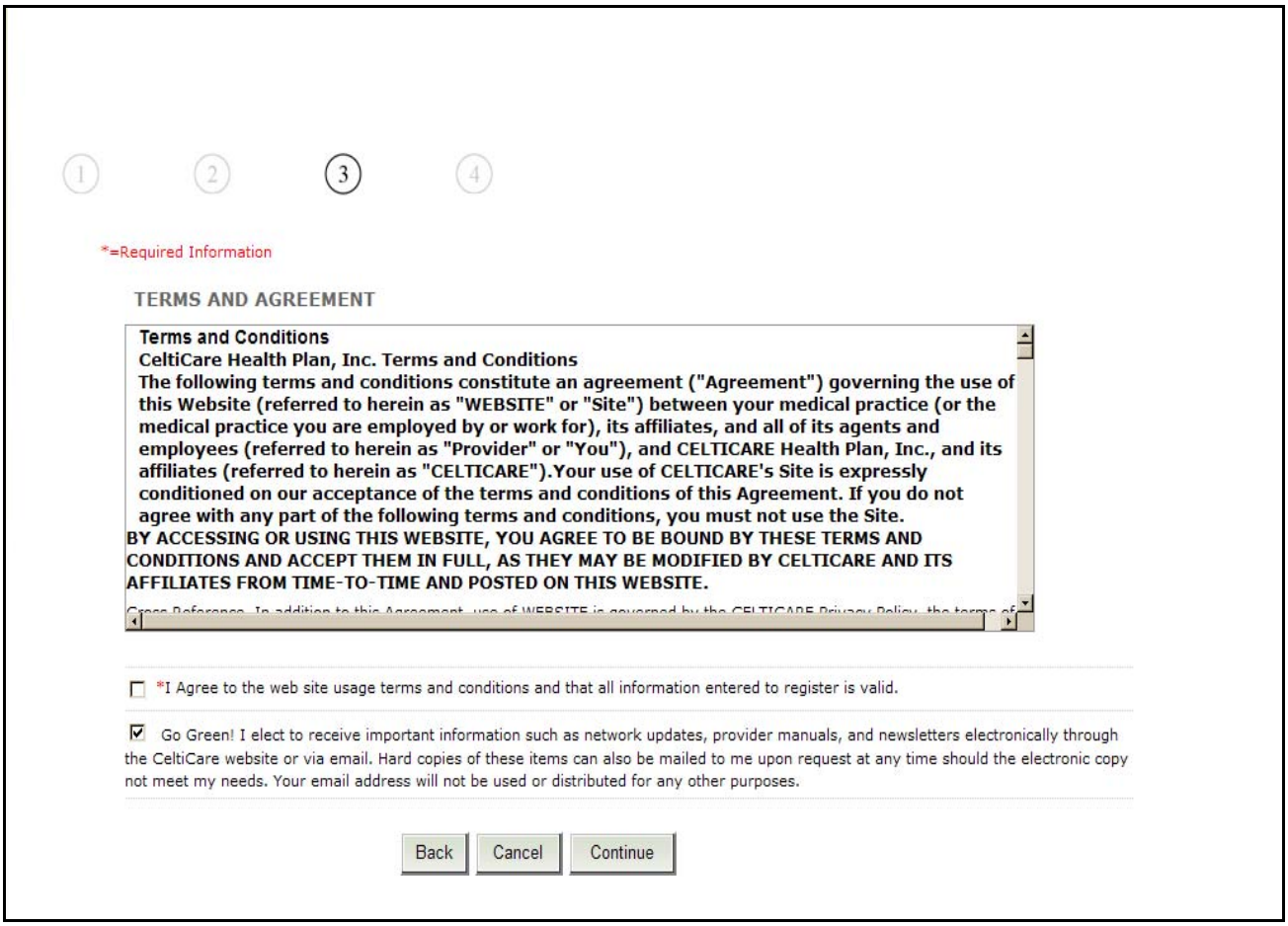
- Click **Continue** button

Back:

- Click the **Back** button to return to Provider Registration screen

Cancel:

- Click the **Cancel** button to return to the Provider Secure Login screen


1
2
3
4
*=Required Information
TERMS AND AGREEMENT
Terms and Conditions
CeltiCare Health Plan, Inc. Terms and Conditions
The following terms and conditions constitute an agreement ("Agreement") governing the use of this Website (referred to herein as "WEBSITE" or "Site") between your medical practice (or the medical practice you are employed by or work for), its affiliates, and all of its agents and employees (referred to herein as "Provider" or "You"), and CELTICARE Health Plan, Inc., and its affiliates (referred to herein as "CELTICARE").Your use of CELTICARE's Site is expressly conditioned on our acceptance of the terms and conditions of this Agreement. If you do not agree with any part of the following terms and conditions, you must not use the Site.
BY ACCESSING OR USING THIS WEBSITE, YOU AGREE TO BE BOUND BY THESE TERMS AND CONDITIONS AND ACCEPT THEM IN FULL, AS THEY MAY BE MODIFIED BY CELTICARE AND ITS AFFILIATES FROM TIME-TO-TIME AND POSTED ON THIS WEBSITE.
*I Agree to the web site usage terms and conditions and that all information entered to register is valid.
Go Green! I elect to receive important information such as network updates, provider manuals, and newsletters electronically through the CeltiCare website or via email. Hard copies of these items can also be mailed to me upon request at any time should the electronic copy not meet my needs. Your email address will not be used or distributed for any other purposes.
Back
Cancel
Continue

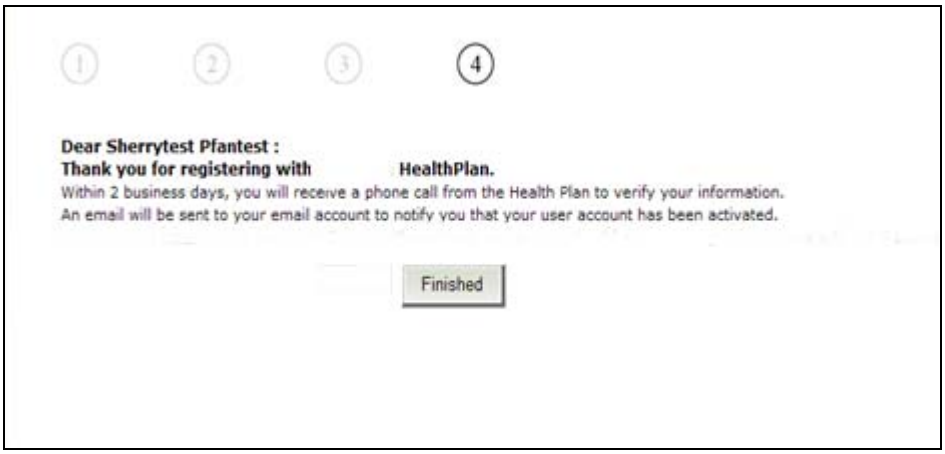
Step 3

- Read the web site Terms and Agreement and left-click your mouse on the **I Agree** checkbox
- The Go Green button! is automatically checked. This election authorizes the health plan to send information electronically. Hard copies can be sent upon request. If you prefer to not receive information electronically, remove the check from the box

  Note: (Not all health plans have this agreement)
- Left-click your mouse on the **Continue** button

Note: Any changes or updates to Step 2 will also require you to revisit Step 3.

Provider Registration - Step 4


1
2
3
4
Dear Sherrytest Pfantest :
Thank you for registering with HealthPlan.
Within 2 business days, you will receive a phone call from the Health Plan to verify your information.
An email will be sent to your email account to notify you that your user account has been activated.
Finished

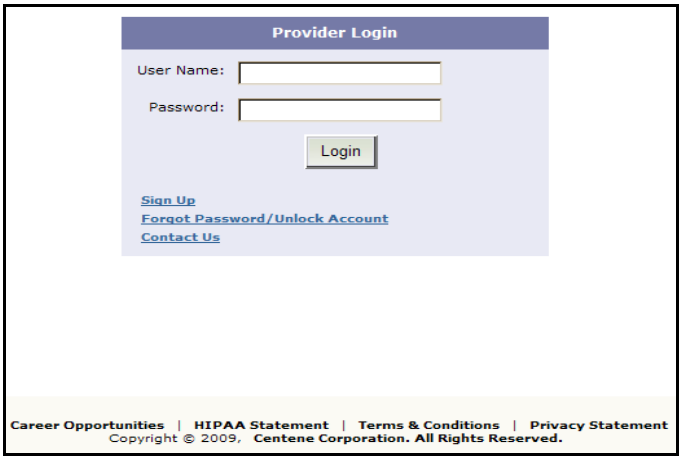
Step 4

Registration is now complete. A confirmation e-mail will be sent confirming that your user account has been activated. Be advised. The e-mail will be sent to the address we received at Step 2.

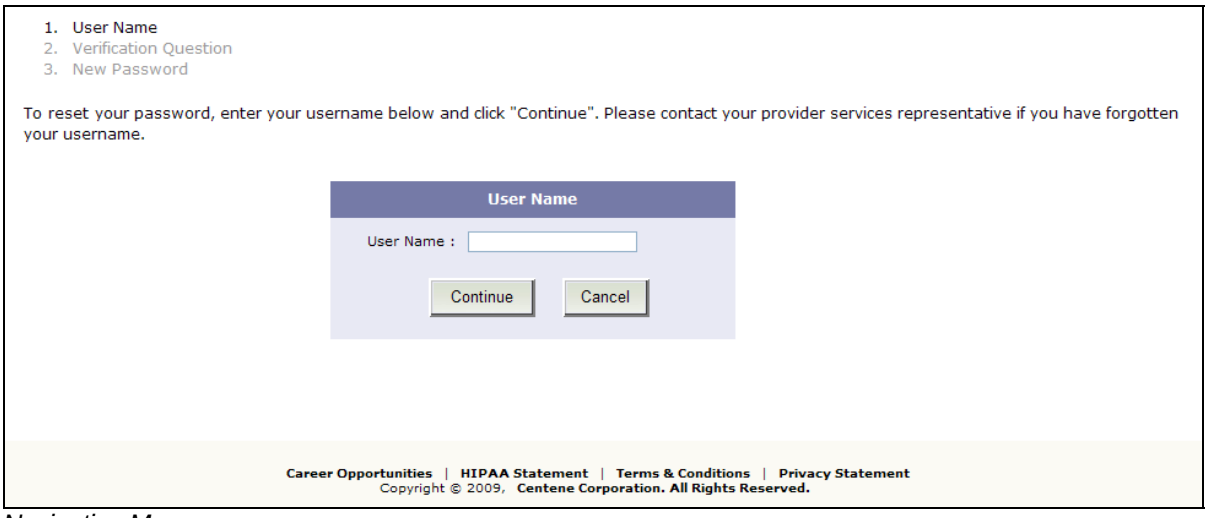
- Left-click your mouse on the **Finished** button

Note: Please remember that user accounts will automatically lock after ninety days of inactivity.

- If user looses / forgets password or account is locked, left-click mouse on **Forgot Password/Unlock Account** link



Navigation Menu


1. User Name
2. Verification Question
3. New Password
To reset your password, enter your username below and click "Continue". Please contact your provider services representative if you have forgotten your username.
User Name
User Name :
Continue
Cancel
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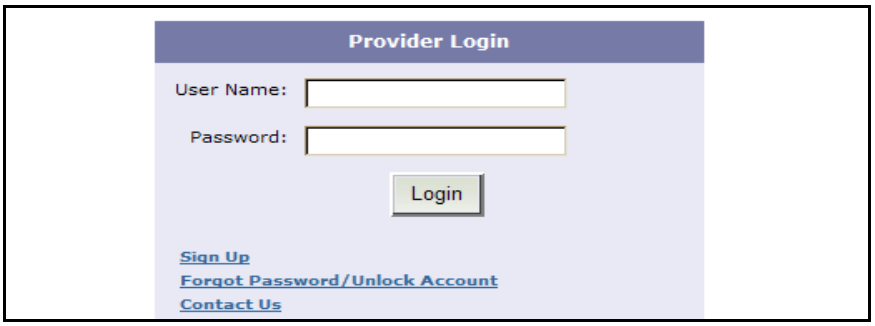
Navigation Menu

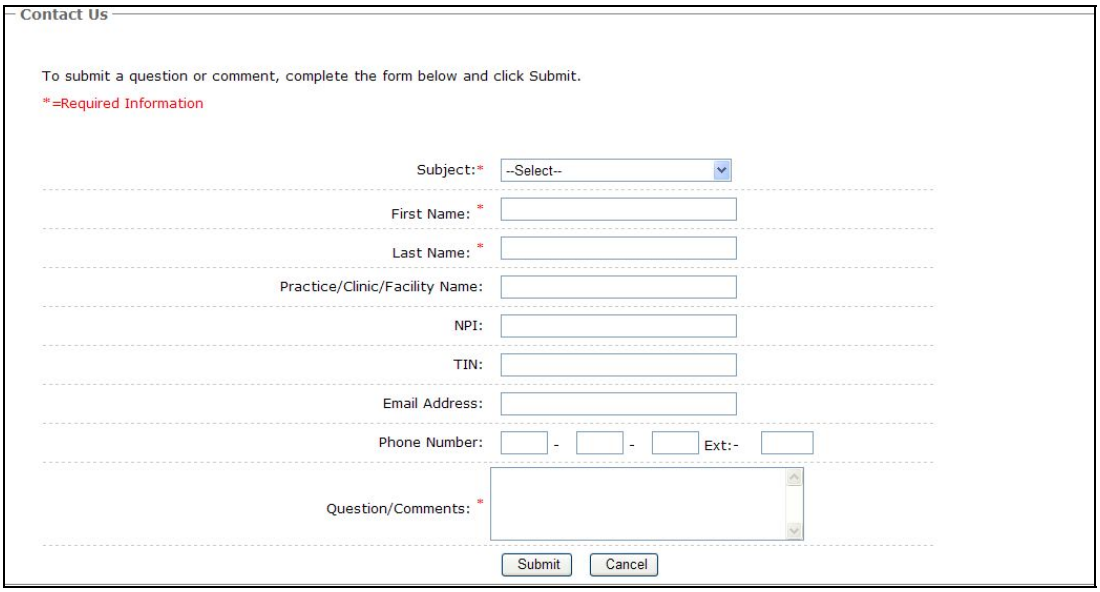
- Enter **User Name**
- Left-click mouse on the **Continue** button
- Provide **Verification Answer** to the security question created at registration
- Left-click mouse on the **Continue** button
- Enter and verify **New Password**
- Left-click your mouse on the **Continue** button. You will receive a confirmation e-mail, and you may login at your convenience

Contact Us



Navigation Menu

Should you have any questions or comments you would like to share with us, please left-click mouse on the **Contact Us** link.



Contact Us

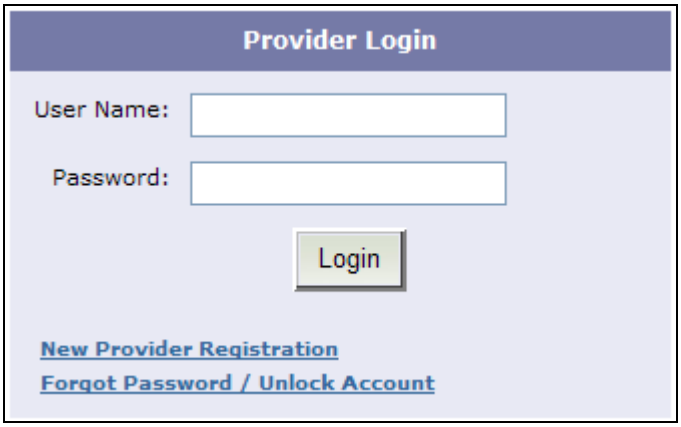
- You must complete the required information
- Left-click mouse on the **Submit** button to send information, or click on the **Cancel** button to exit this screen

Login

In order to enter the web portal, click on the login icon.

Navigation Menu

This will take you to the login screen.



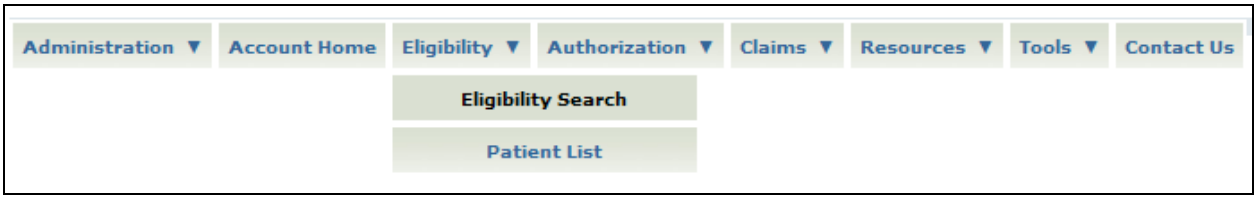
Navigation Menu

- Enter **User Name**
- Enter **Password.**
- Click the **>** Login button.

Eligibility Search

The **Eligibility Search** feature allows you to instantly verify a patient's plan eligibility status and view his or her plan eligibility details for a specified Date of Service (DOS).

From the navigation menu at the top of the page, select **Eligibility, Eligibility Search**.



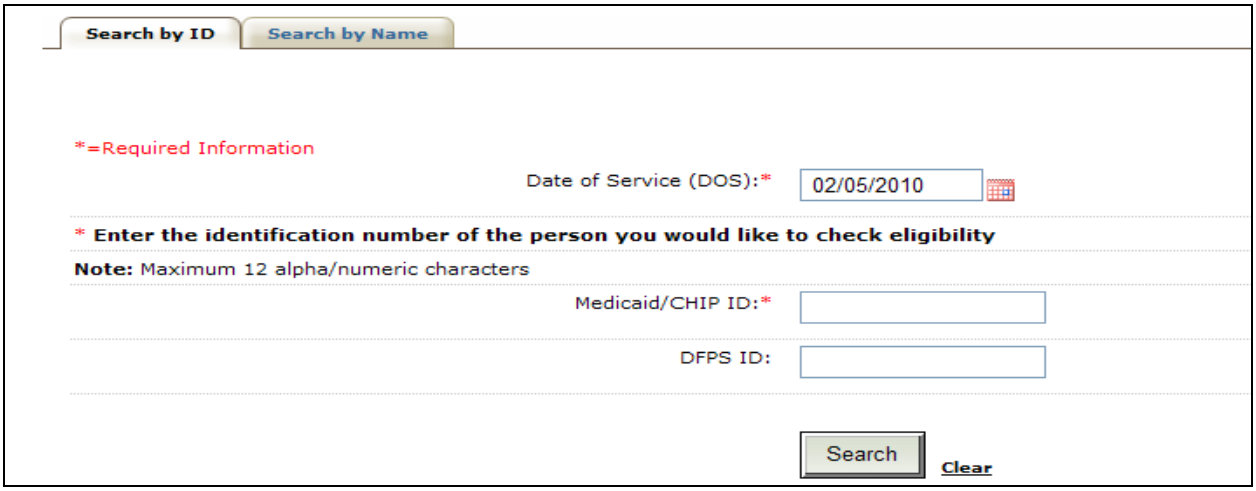
Navigation Menu

The **Eligibility Search** page includes two tabs: **Search by ID** and **Search by Name**.

Search by ID

The **Search by ID** tab is selected by default. If it is not selected, simply click the **Search by ID** tab.

This tab allows you to search for a patient by **Medicaid ID** and/or **DFPS ID**.



Search by ID

- Enter **Date of Service (DOS)**.
- Enter at least one identification number (i.e. **Medicaid ID** and/or **DFPS ID**).
- Click **Search** button to access Search Results.

Clear:

- Click the **Clear** hyperlink to reset the Date of Service (DOS) field to the current date and to clear any information entered in the Medicaid ID and Member ID fields.

Tip

Use the convenient calendar function to set the Date of Service (DOS) field.

Search by Name

The **Search by Name** tab allows you to search for a patient by **Last Name** and **Date of Birth**.

Search by Name

- Enter **Date of Service (DOS)**.
- Enter **Last Name**.
- Enter **Date of Birth**.
- Click **Search** button to access Search Results.

Clear:

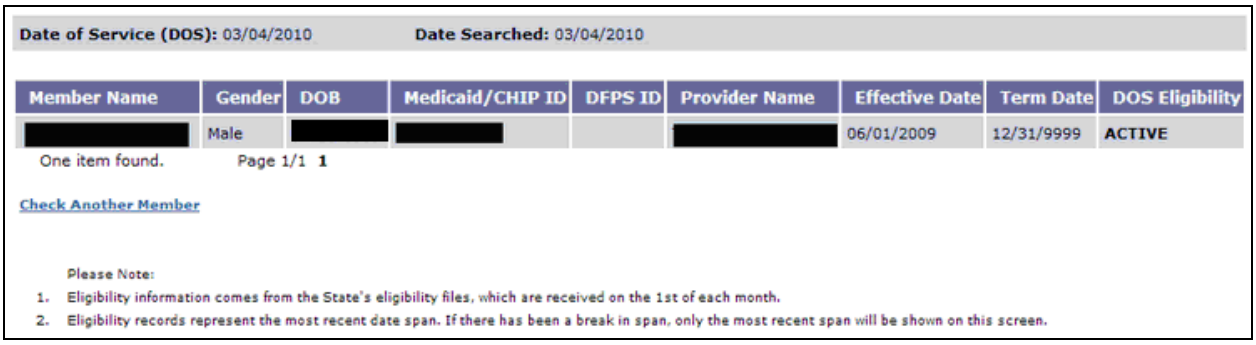
- Click the **Clear** hyperlink to reset the Date of Service (DOS) field to the current date and to clear any information entered in the Last Name and Date of Birth fields.

Tip

Use the convenient calendar function to set the Date of Service (DOS) and Date of Birth fields.

Eligibility Search Results

The result of your eligibility search lists all those patients that meet the criteria you entered.



Date of Service (DOS): 03/04/2010 **Date Searched:** 03/04/2010

Member Name	Gender	DOB	Medicaid/CHIP ID	DFPS ID	Provider Name	Effective Date	Term Date	DOS Eligibility
[redacted]	Male	[redacted]	[redacted]		[redacted]	06/01/2009	12/31/9999	**ACTIVE**

One item found. Page 1/1 **1**

Check Another Member

Please Note:

1. Eligibility information comes from the State's eligibility files, which are received on the 1st of each month.
2. Eligibility records represent the most recent date span. If there has been a break in span, only the most recent span will be shown on this screen.

Eligibility Search Results

- Click **Member Name** hyperlink to access the patient's benefit and plan information, primary care provider (PCP) information and eligibility history.

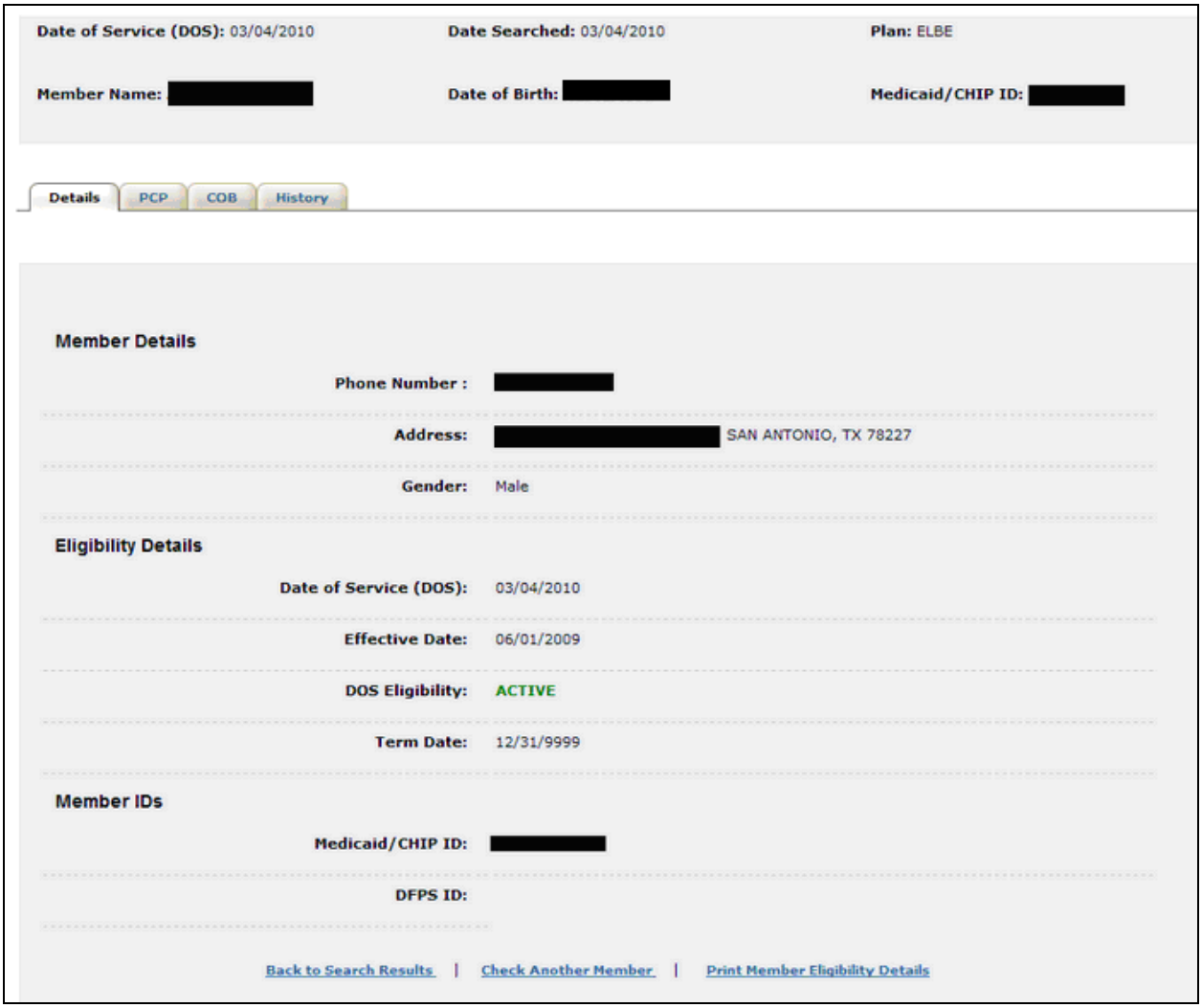
Check Another Member:

- To check the eligibility status of a different patient, click the **Check Another Member** hyperlink. This will return you to the Eligibility Search page.

Details

The **Details** tab is selected by default. If it is not selected, simply click the **Details** tab.

This tab displays member details, eligibility details and associated member ids.



Details

- Click the **PCP** tab to view the patient's primary care provider information.
- Click the **COB** tab to view the patient's coordination of benefits information.
- Click the **History** tab to view the patient's historical eligibility spans.

Back to Search Results:

- To return to the Eligibility Search Results page, click the **Back to Search Results** hyperlink.

Check Another Member:

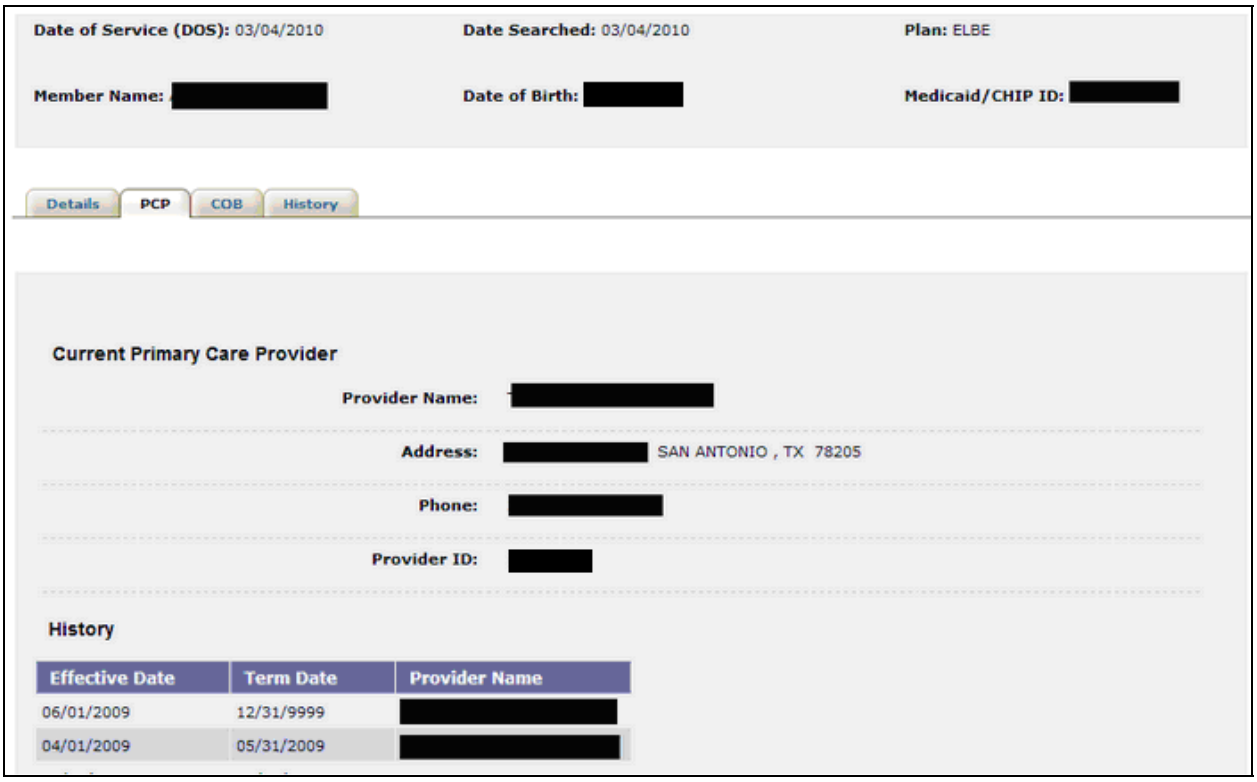
- To check the eligibility status of a different patient, click the **Check Another Member** hyperlink. This will return you to the Eligibility Search page.

Print Member Eligibility Details:

- To print the patient's benefit and plan information, click the **Print Member Eligibility Details** hyperlink. This will print the current Details page.

PCP

The **PCP** tab contains a listing of the patient's current primary care provider (if applicable) as well as a historical listing the patient's primary care providers.



PCP

- Click the **Details** tab to view the patient's benefit and plan information.
- Click the **COB** tab to view the patient's coordination of benefits information.
- Click the **History** tab to view the patient's historical eligibility spans.

Back to Search Results:

- To return to the Eligibility Search Results page, click the **Back to Search Results** hyperlink.

Check Another Member:

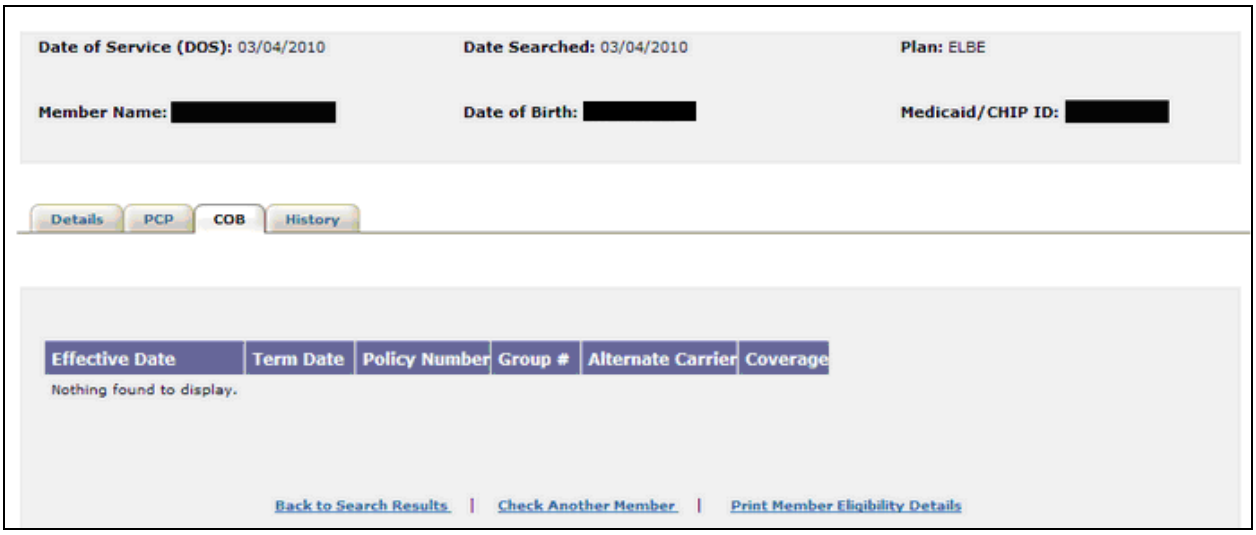
- To check the eligibility status of a different patient, click the **Check Another Member** hyperlink. This will return you to the Eligibility Search page.

Print Member Eligibility Details:

- To print the patient's primary care provider information, click the **Print Member Eligibility Details** hyperlink. This will print the current PCP page.

COB

The **COB** tab contains a historical listing of any additional health care coverage (if applicable) that the patient is receiving or has received.



COB

- Click the **Details** tab to view the patient's benefit and plan information.
- Click the **PCP** tab to view the patient's primary care provider information.
- Click the **History** tab to view the patient's historical eligibility spans.

Back to Search Results:

- To return to the Eligibility Search Results page, click the **Back to Search Results** hyperlink.

Check Another Member:

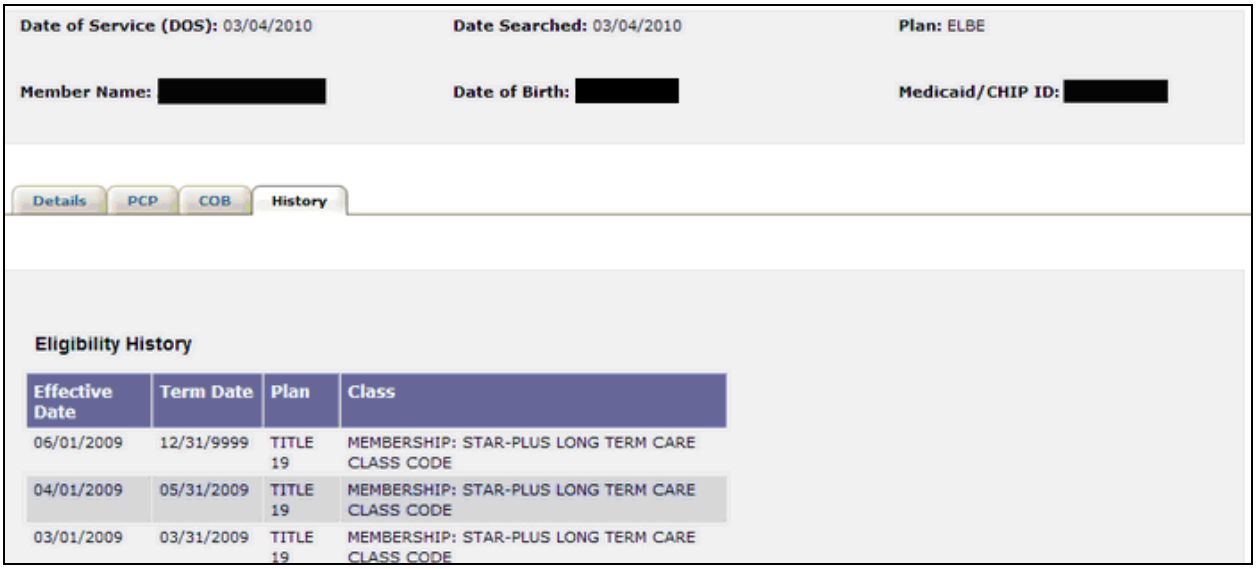
- To check the eligibility status of a different patient, click the **Check Another Member** hyperlink. This will return you to the Eligibility Search page.

Print Member Eligibility Details:

- To print the patient's coordination of benefits information, click the **Print Member Eligibility Details** hyperlink. This will print the current COB page.

History

The History tab contains a historical listing of the patient's plan eligibility spans.



History

- Click the **Details** tab to view the patient's benefit and plan information.
- Click the **PCP** tab to view the patient's primary care provider information.
- Click the **COB** tab to view the patient's coordination of benefits information.

Back to Search Results:

- To return to the Eligibility Search Results page, click the **Back to Search Results** hyperlink.

Check Another Member:

- To check the eligibility status of a different patient, click the **Check Another Member** hyperlink. This will return you to the Eligibility Search page.

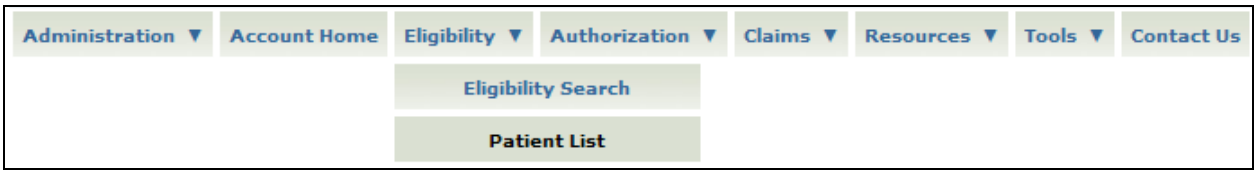
Print Member Eligibility Details:

- To print the patient's historical eligibility spans, click the **Print Member Eligibility Details** hyperlink. This will print the current History page.

Patient List

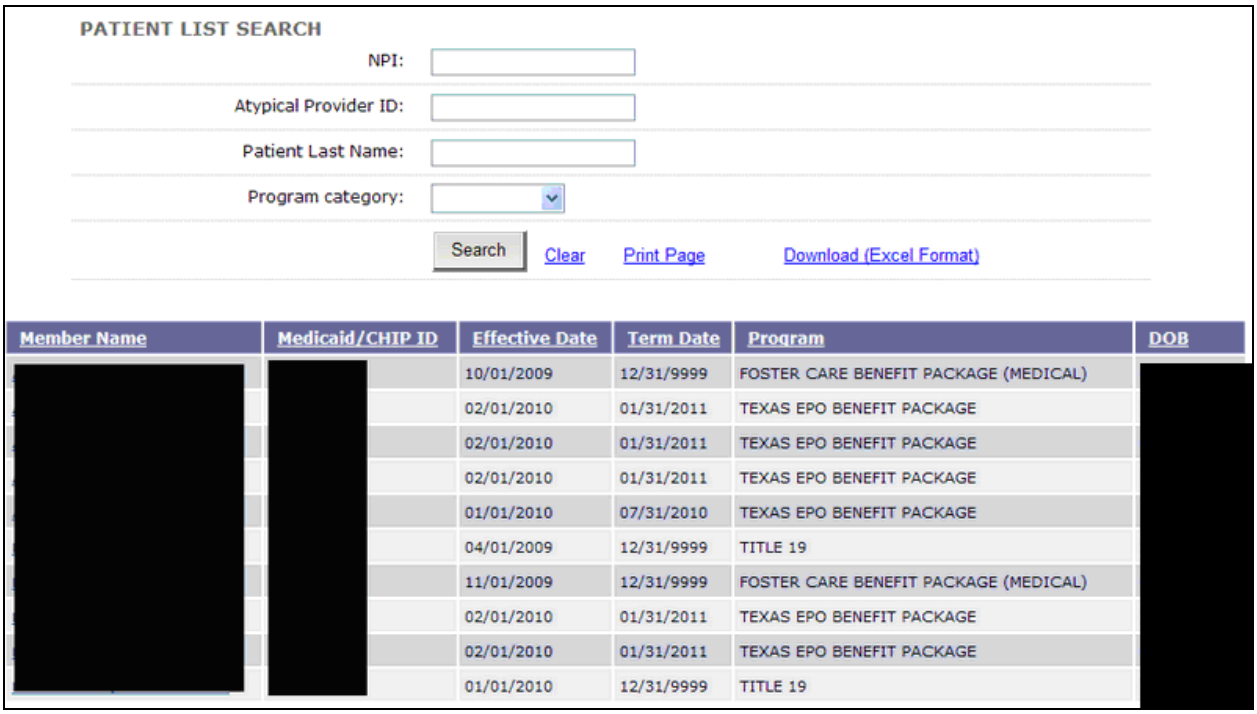
The **Patient List** feature allows you to view a roster of all patients' that have selected you as their primary care provider (PCP). This designation for the web purposes is based on your Provider Tax ID.

From the navigation menu at the top of the page, select **Eligibility, Patient List**.



Navigation Menu

The **Patient List** page displays two sections: **Patient List Search**, and below it, **Patient List Results**.



Member Name	Medicaid/CHIP ID	Effective Date	Term Date	Program	DOB
[redacted]	[redacted]	10/01/2009	12/31/9999	FOSTER CARE BENEFIT PACKAGE (MEDICAL)	[redacted]
		02/01/2010	01/31/2011	TEXAS EPO BENEFIT PACKAGE	
		02/01/2010	01/31/2011	TEXAS EPO BENEFIT PACKAGE	
		02/01/2010	01/31/2011	TEXAS EPO BENEFIT PACKAGE	
		01/01/2010	07/31/2010	TEXAS EPO BENEFIT PACKAGE	
		04/01/2009	12/31/9999	TITLE 19	
		11/01/2009	12/31/9999	FOSTER CARE BENEFIT PACKAGE (MEDICAL)	
		02/01/2010	01/31/2011	TEXAS EPO BENEFIT PACKAGE	
		02/01/2010	01/31/2011	TEXAS EPO BENEFIT PACKAGE	
		01/01/2010	12/31/9999	TITLE 19	

Patient List

The default **Patient List Results** is a complete listing of all patients' with you as their designated PCP.

Note: For groups with multiple providers associated with a single Tax ID you will receive a Patient List of all patients who have chosen the providers linked to your Tax ID as their PCP. You have the ability to Search the listing by individual NPI or sort the listing by Provider Name.

You can navigate the list of matching transactions using the following controls:

- **First** displays the first page of the results listing.
- **Prev** displays the page of results immediately preceding the currently displayed page.
- **Page Number** displays the corresponding page of results (20 transactions per page)
- **Next** displays the page of results immediately following the currently displayed page.
- **Last** displays the last page of the results listing.

Patient List Search

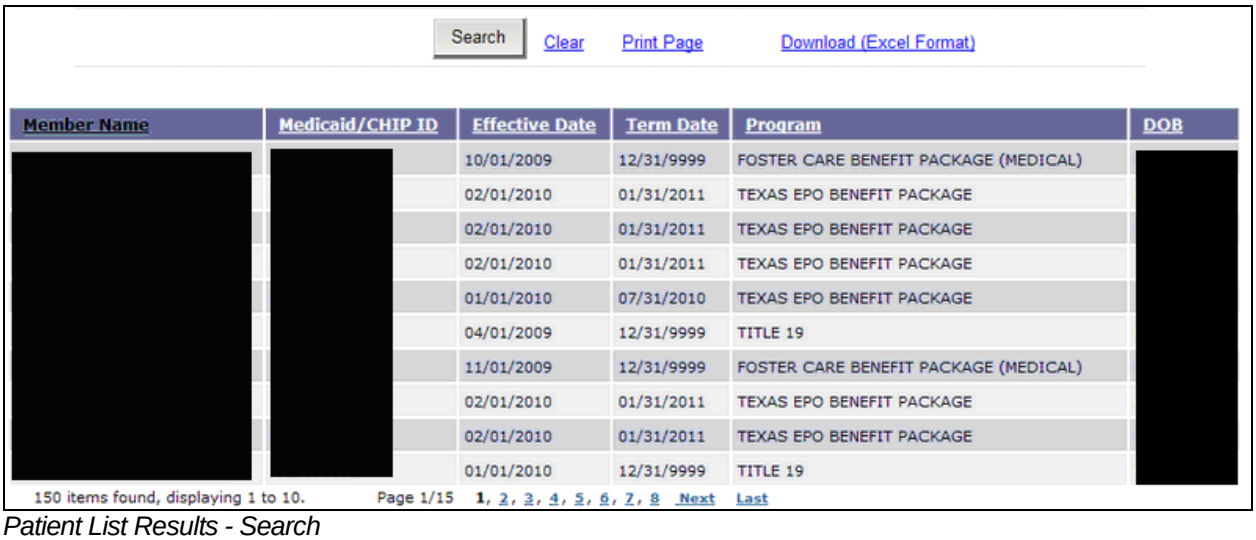
The **Patient List** feature allows you to search for patients by the following search criteria: **NPI**, **Atypical Provider ID**, and/or **Patient Last Name**.

Patient List Search

- Limit the Patient List Results by entering any combination of the designated search criteria (i.e. **NPI**, **Atypical Provider ID**, and/or **Patient Last Name**).
- Click **Search** button to access Search Results.

Patient List Results

The result of your search lists all those patients that meet the criteria you entered.


Search
Clear
Print Page
Download (Excel Format)
Member Name
Medicaid/CHIP ID
Effective Date
Term Date
Program
DOB
10/01/2009 12/31/9999 FOSTER CARE BENEFIT PACKAGE (MEDICAL)
02/01/2010 01/31/2011 TEXAS EPO BENEFIT PACKAGE
02/01/2010 01/31/2011 TEXAS EPO BENEFIT PACKAGE
02/01/2010 01/31/2011 TEXAS EPO BENEFIT PACKAGE
01/01/2010 07/31/2010 TEXAS EPO BENEFIT PACKAGE
04/01/2009 12/31/9999 TITLE 19
11/01/2009 12/31/9999 FOSTER CARE BENEFIT PACKAGE (MEDICAL)
02/01/2010 01/31/2011 TEXAS EPO BENEFIT PACKAGE
02/01/2010 01/31/2011 TEXAS EPO BENEFIT PACKAGE
01/01/2010 12/31/9999 TITLE 19
150 items found, displaying 1 to 10.
Page 1/15 1, 2, 3, 4, 5, 6, 7, 8 Next Last

Patient List Results - Search

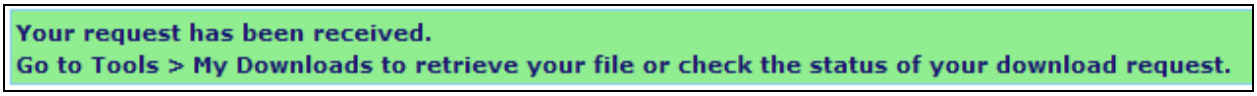
- Click **Member Name** hyperlink to access the patient's benefit and plan information, primary care provider (PCP) details and eligibility history.

Print Page:

- To print the patient list results, click the **Print Page link**.

Export to Excel:

- To export the patient list results into an Excel spreadsheet, click the **Download Excel format link.**


Your request has been received.
Go to Tools > My Downloads to retrieve your file or check the status of your download request.

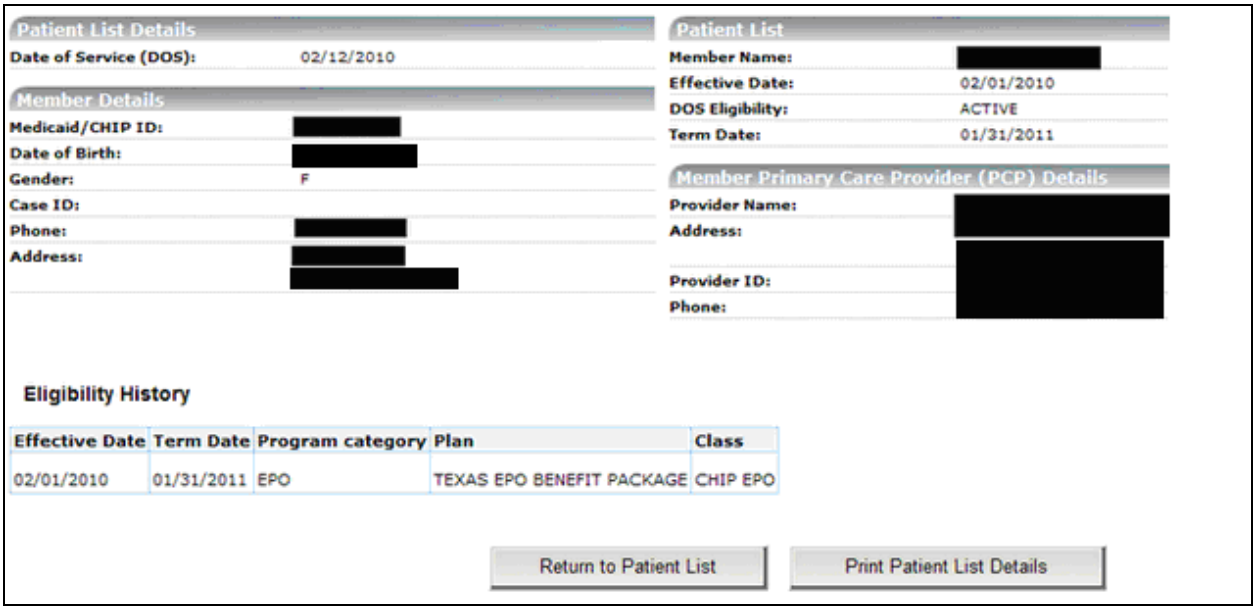
Download to Excel

You can retrieve your downloaded file or check the status of your request by accessing **My Download** feature of the website.

From the navigation menu at the top of the page, select **Resources, My Download**.

Navigation Menu

Patient List Details



Patient List Details

Return to Patient List:

- To return to the Patient List Results page, click the **Return to Patient List** button.

Print Patient List Details:

- To print the patient's benefit and plan information, primary care provider (PCP) details and eligibility history, click the **Print Patient List Details** button.

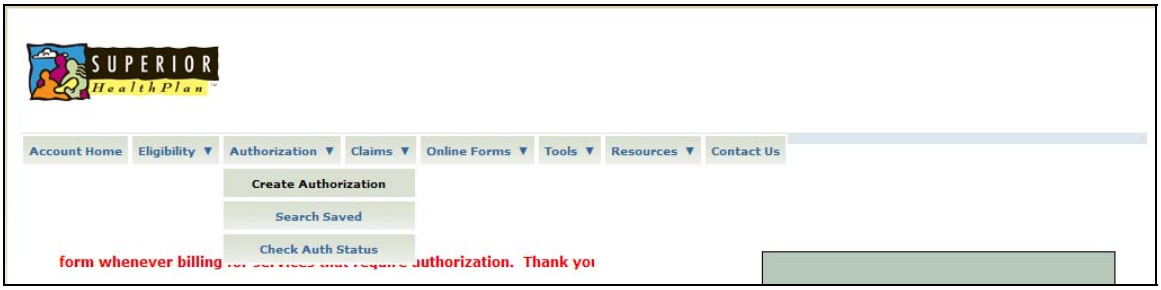
Create Authorizations

The **Create Authorizations** feature allows you to submit a medical authorization request for anticipated outpatient services or hospital admissions that will occur on a future date online.

Urgent and/or emergent requests must be submitted by phone or fax.

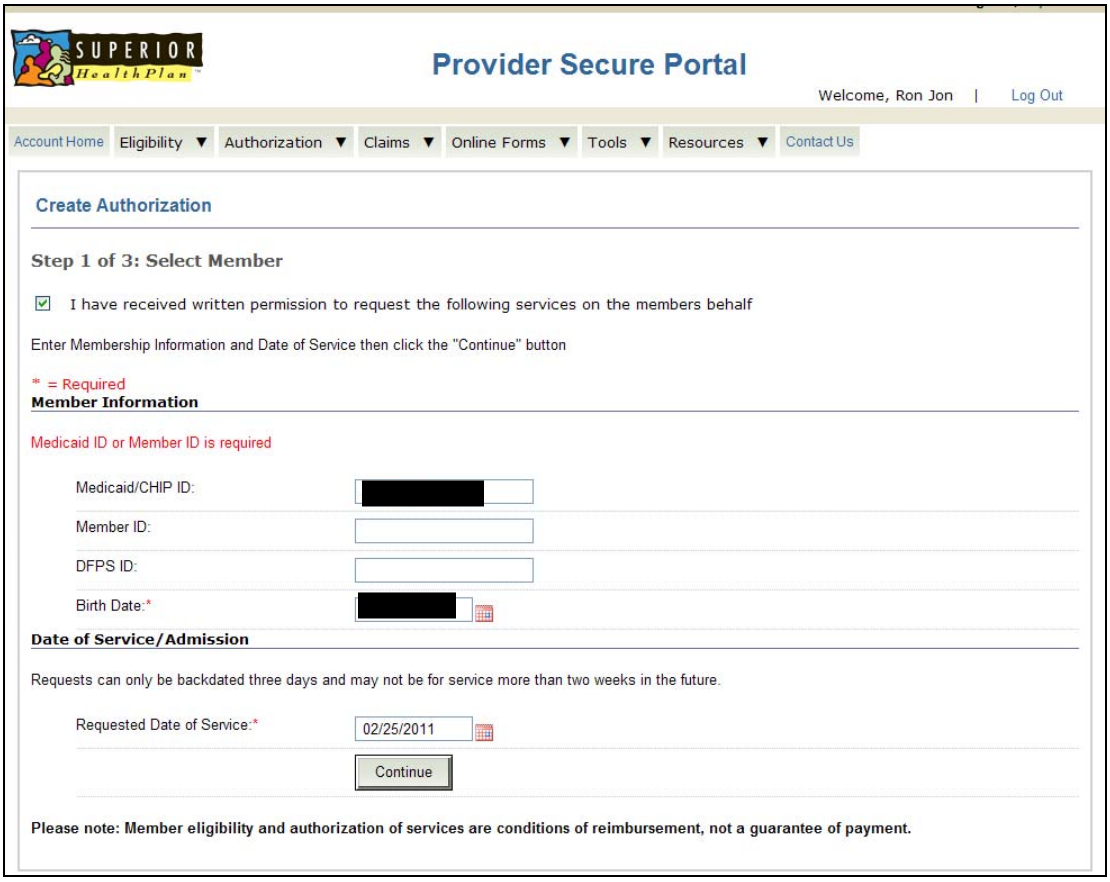
Authorization requests can only be submitted via the web portal on patients who are currently eligible and for services that have not yet been rendered. The turn around time for web submitted requests can take up to fourteen (14) days but the progress of the requests can be viewed in the portal within 1 to 2 days of submission.

From the navigation menu at the top of the page, select **Create Authorization.**

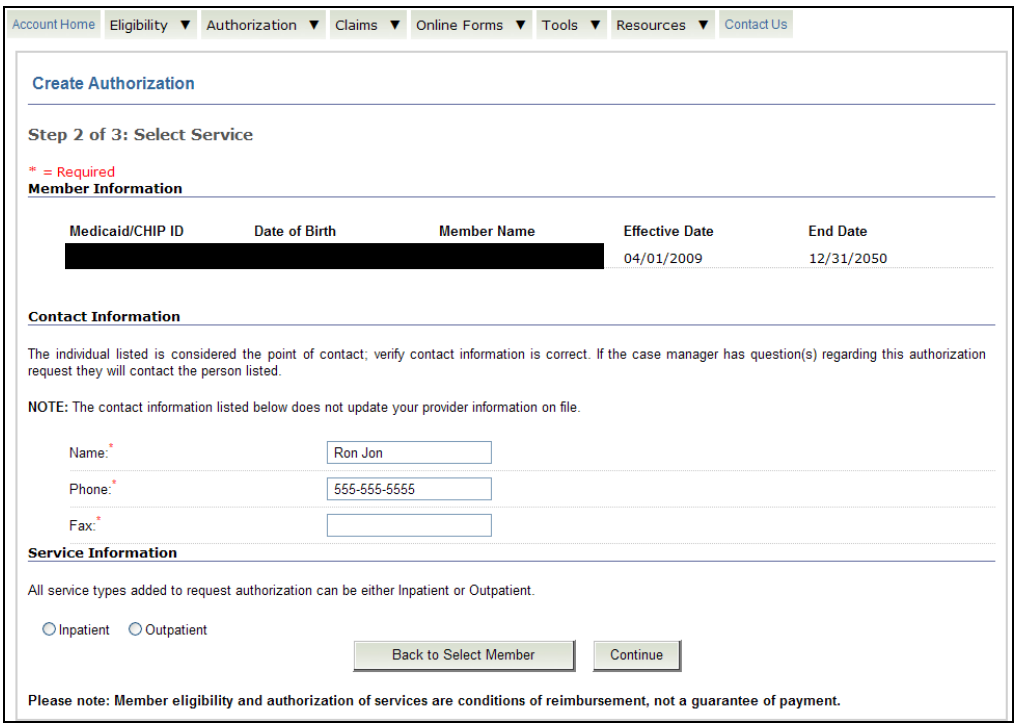


Navigation Menu

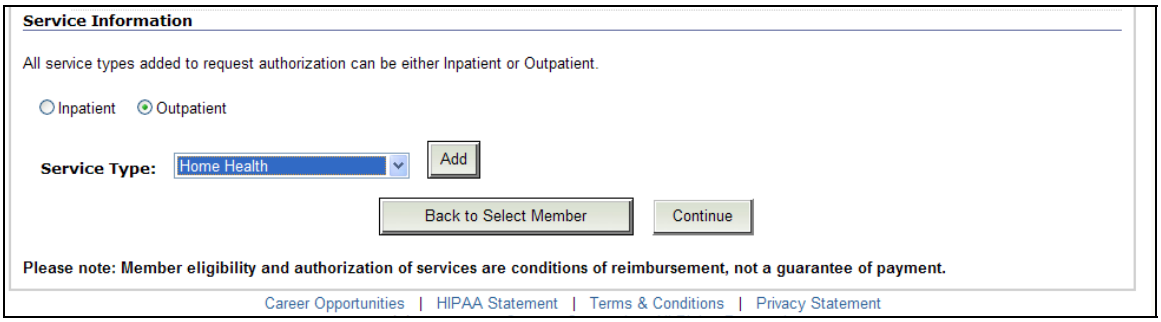
Step 1:
Providers Must Acknowledge receiving written permission to request services on the members behalf. Enter required Member information (Member/Medicaid ID and DOB) along with Date of Service and select continue.


SUPERIOR HealthPlan
Provider Secure Portal
Welcome, Ron Jon | Log Out
Account Home
Eligibility
Authorization
Claims
Online Forms
Tools
Resources
Contact Us
Create Authorization
Step 1 of 3: Select Member
I have received written permission to request the following services on the members behalf
Enter Membership Information and Date of Service then click the "Continue" button
* = Required
Member Information
Medicaid ID or Member ID is required
Medicaid/CHIP ID:
Member ID:
DFPS ID:
Birth Date:*
Date of Service/Admission
Requests can only be backdated three days and may not be for service more than two weeks in the future.
Requested Date of Service:*
02/25/2011
Continue
Please note: Member eligibility and authorization of services are conditions of reimbursement, not a guarantee of payment.

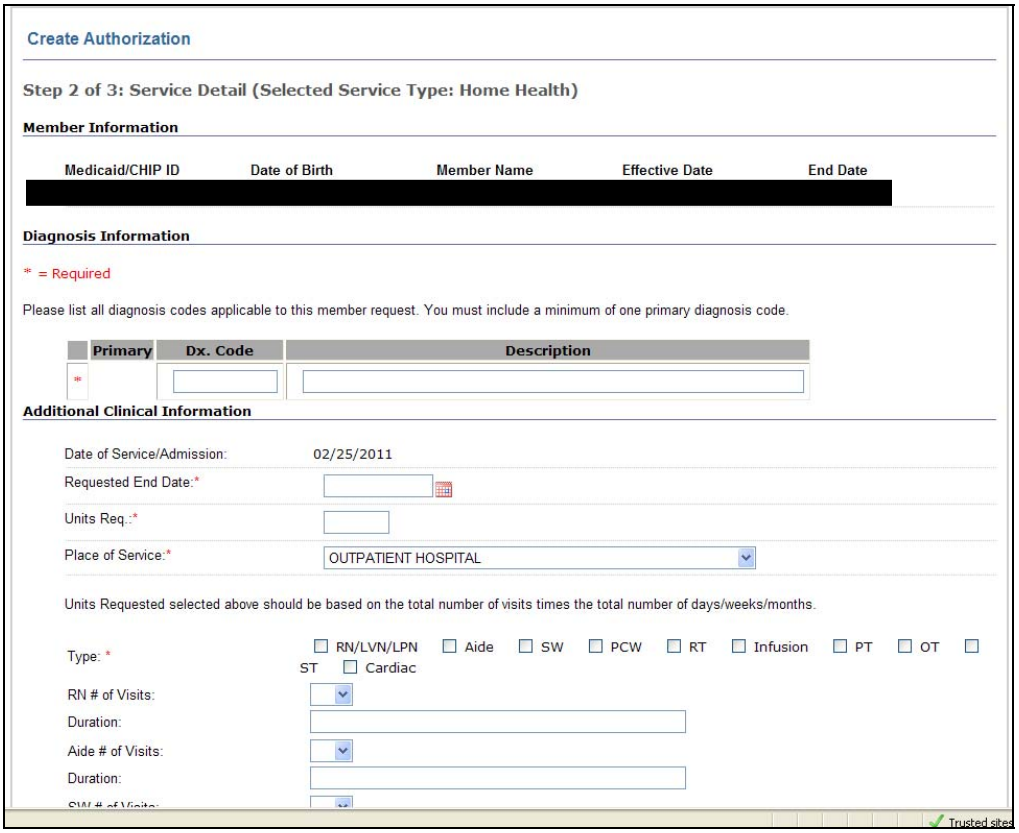
Step 2:
Review member information, Add the Fax number, and Select a Service Type (Inpatient or Outpatient)



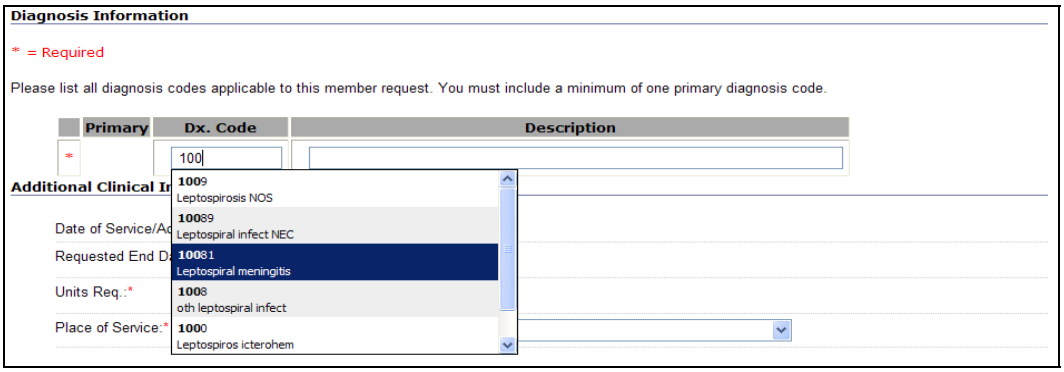
Once the service is selected, press the **Add** button


Service Information
All service types added to request authorization can be either Inpatient or Outpatient.
Inpatient
Outpatient
Service Type:
Home Health
Add
Back to Select Member
Continue
Please note: Member eligibility and authorization of services are conditions of reimbursement, not a guarantee of payment.
Career Opportunities | HIPAA Statement | Terms & Conditions | Privacy Statement

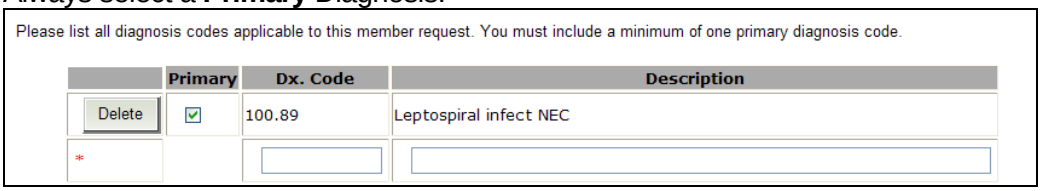
The required information will appear based on the service type selected. Add the Dx. Code, Requested End Date, Units Req, and Place of Service.



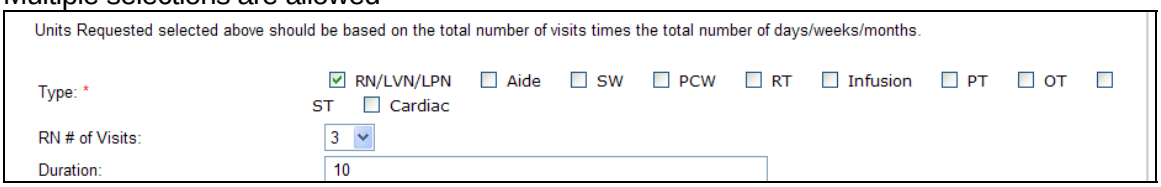
Notice Diagnosis auto populates based on the number inputted into the Dx.Code field. Select the appropriate code, Date of Service, Requested End Date, Units Required, and Place of Service.



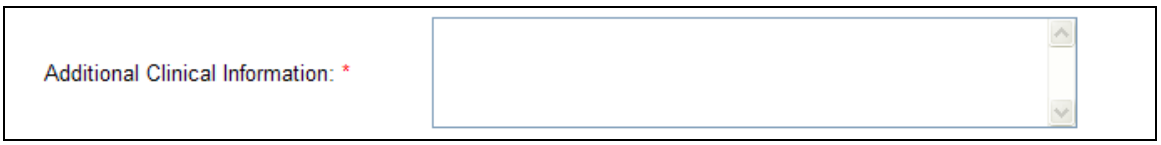
Always select a **Primary** Diagnosis.



Enter the required fields for the Type of Units requested.
**Be sure to enter the # of visits and duration for the corresponding type selected in the check box.
Multiple selections are allowed

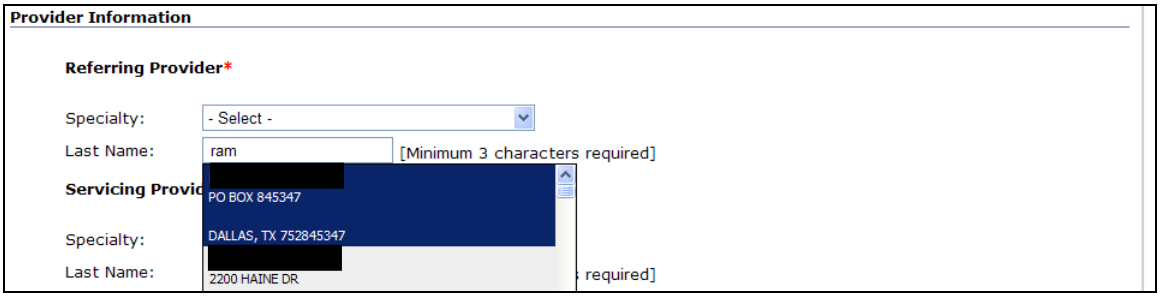


Enter the required additional clinical information.



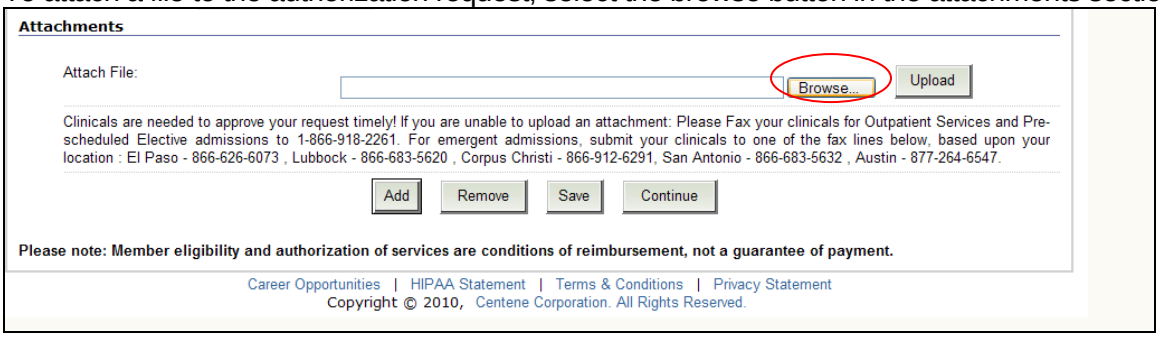
Select Referring and Servicing Provider

To select a provider, type the provider Last Name in the field and select the appropriate provider. **Note Specialty selection is not required. If a specialty selection is not made, all providers will be available for selection.

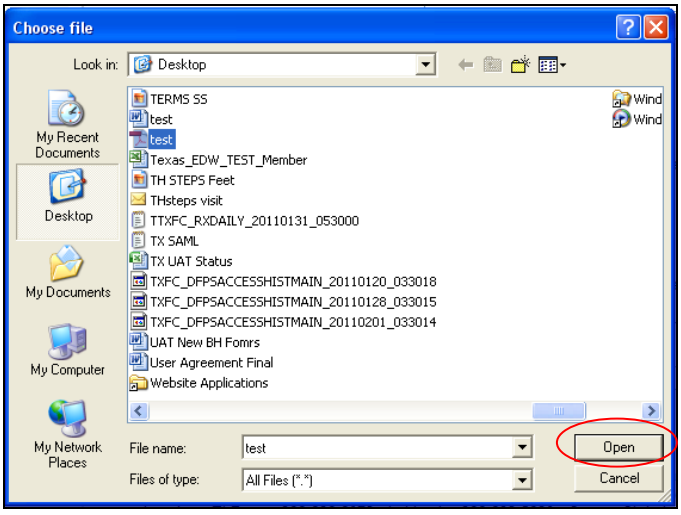


Attachments

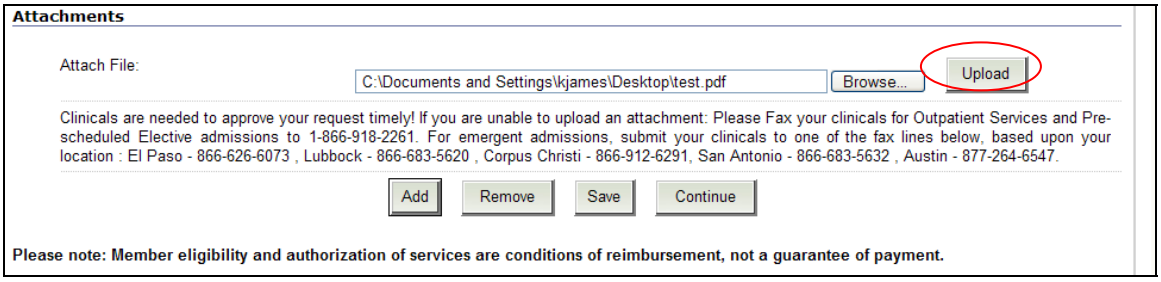
To attach a file to the authorization request, select the browse button in the attachments section:


Attachments
Attach File:
Browse...
Upload
Clinicals are needed to approve your request timely! If you are unable to upload an attachment: Please Fax your clinicals for Outpatient Services and Pre-scheduled Elective admissions to 1-866-918-2261. For emergent admissions, submit your clinicals to one of the fax lines below, based upon your location : El Paso - 866-626-6073 , Lubbock - 866-683-5620 , Corpus Christi - 866-912-6291, San Antonio - 866-683-5632 , Austin - 877-264-6547.
Add
Remove
Save
Continue
Please note: Member eligibility and authorization of services are conditions of reimbursement, not a guarantee of payment.
Career Opportunities | HIPAA Statement | Terms & Conditions | Privacy Statement
Copyright © 2010, Centene Corporation. All Rights Reserved.

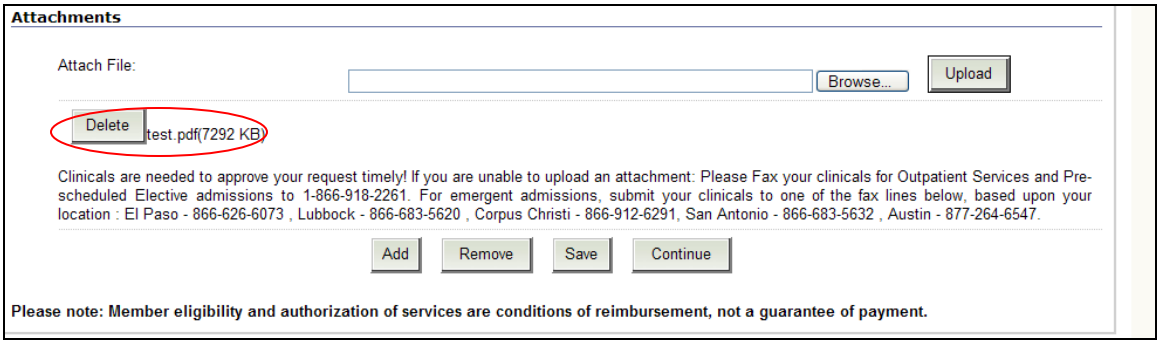
Choose the file to upload and select Open:



Now that the path to the file is displayed, press the upload button:

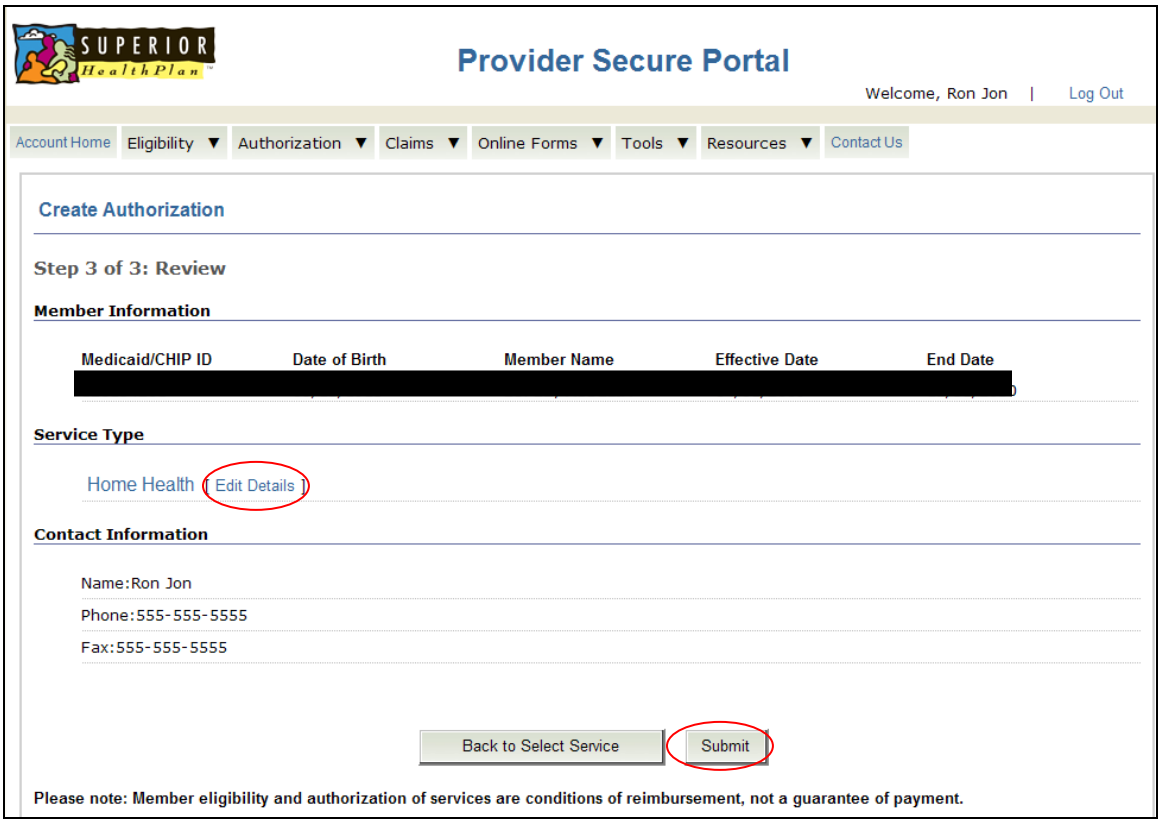

Attachments
Attach File:
C:\Documents and Settings\kjames\Desktop\test.pdf
Browse...
Upload
Clinicals are needed to approve your request timely! If you are unable to upload an attachment: Please Fax your clinicals for Outpatient Services and Pre-scheduled Elective admissions to 1-866-918-2261. For emergent admissions, submit your clinicals to one of the fax lines below, based upon your location : El Paso - 866-626-6073 , Lubbock - 866-683-5620 , Corpus Christi - 866-912-6291, San Antonio - 866-683-5632 , Austin - 877-264-6547.
Add
Remove
Save
Continue
Please note: Member eligibility and authorization of services are conditions of reimbursement, not a guarantee of payment.

The uploaded attachment now displays below with the option to delete:


Attachments
Attach File:
Browse...
Upload
Delete
test.pdf(7292 KB)
Clinicals are needed to approve your request timely! If you are unable to upload an attachment: Please Fax your clinicals for Outpatient Services and Pre-scheduled Elective admissions to 1-866-918-2261. For emergent admissions, submit your clinicals to one of the fax lines below, based upon your location : El Paso - 866-626-6073 , Lubbock - 866-683-5620 , Corpus Christi - 866-912-6291, San Antonio - 866-683-5632 , Austin - 877-264-6547.
Add
Remove
Save
Continue
Please note: Member eligibility and authorization of services are conditions of reimbursement, not a guarantee of payment.

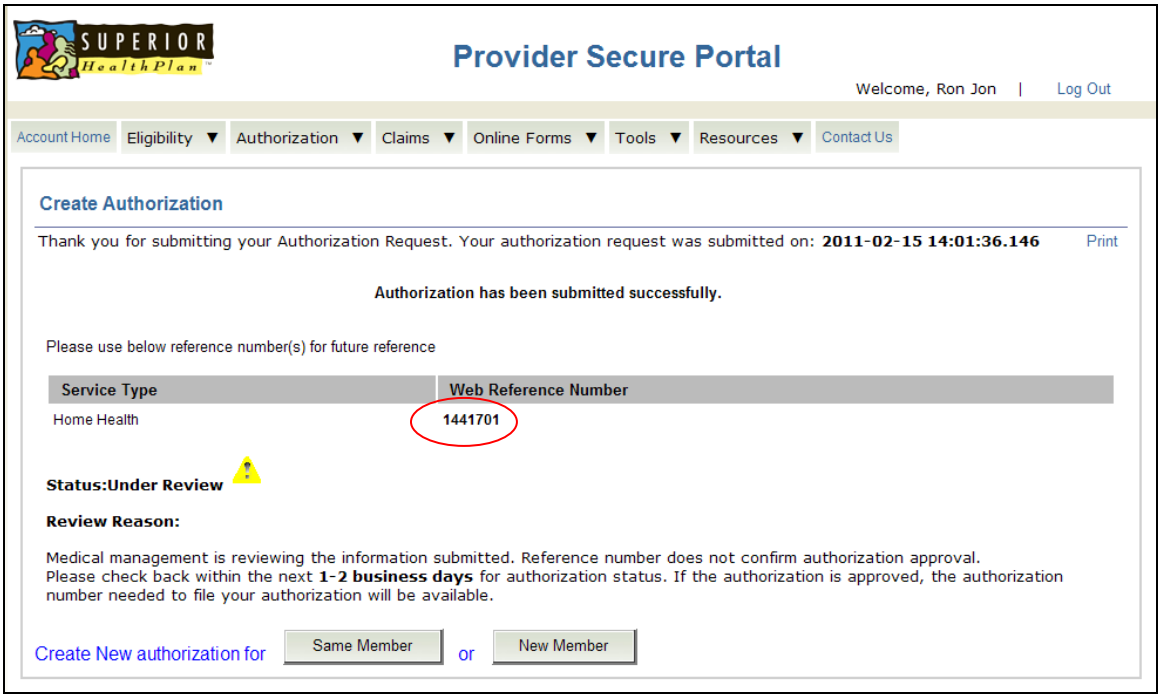
Press **Continue** to proceed to Step 3

Step 3:
Review the information and Edit Details if necessary. Press the **Submit** Button to submit the authorization.



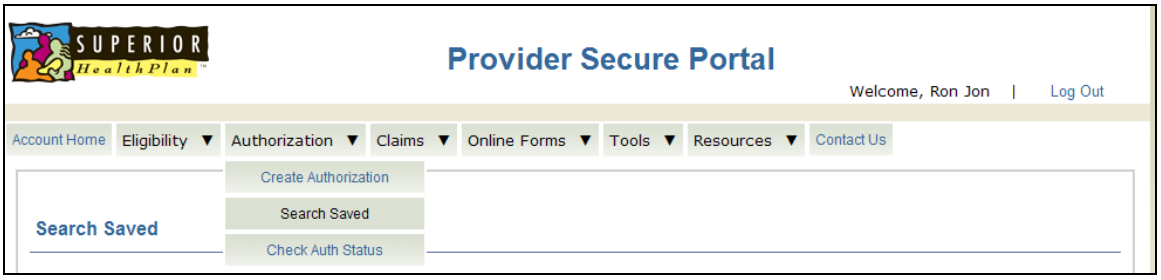
Successful Submission Message

**note the web reference # for future reference and status


Provider Secure Portal
Welcome, Ron Jon | Log Out
Account Home
Eligibility
Authorization
Claims
Online Forms
Tools
Resources
Contact Us
Create Authorization
Thank you for submitting your Authorization Request. Your authorization request was submitted on: 2011-02-15 14:01:36.146
Print
Authorization has been submitted successfully.
Please use below reference number(s) for future reference
Service Type
Web Reference Number
Home Health
1441701
Status:Under Review
Review Reason:
Medical management is reviewing the information submitted. Reference number does not confirm authorization approval.
Please check back within the next 1-2 business days for authorization status. If the authorization is approved, the authorization number needed to file your authorization will be available.
Create New authorization for
Same Member
or
New Member

Search Authorizations

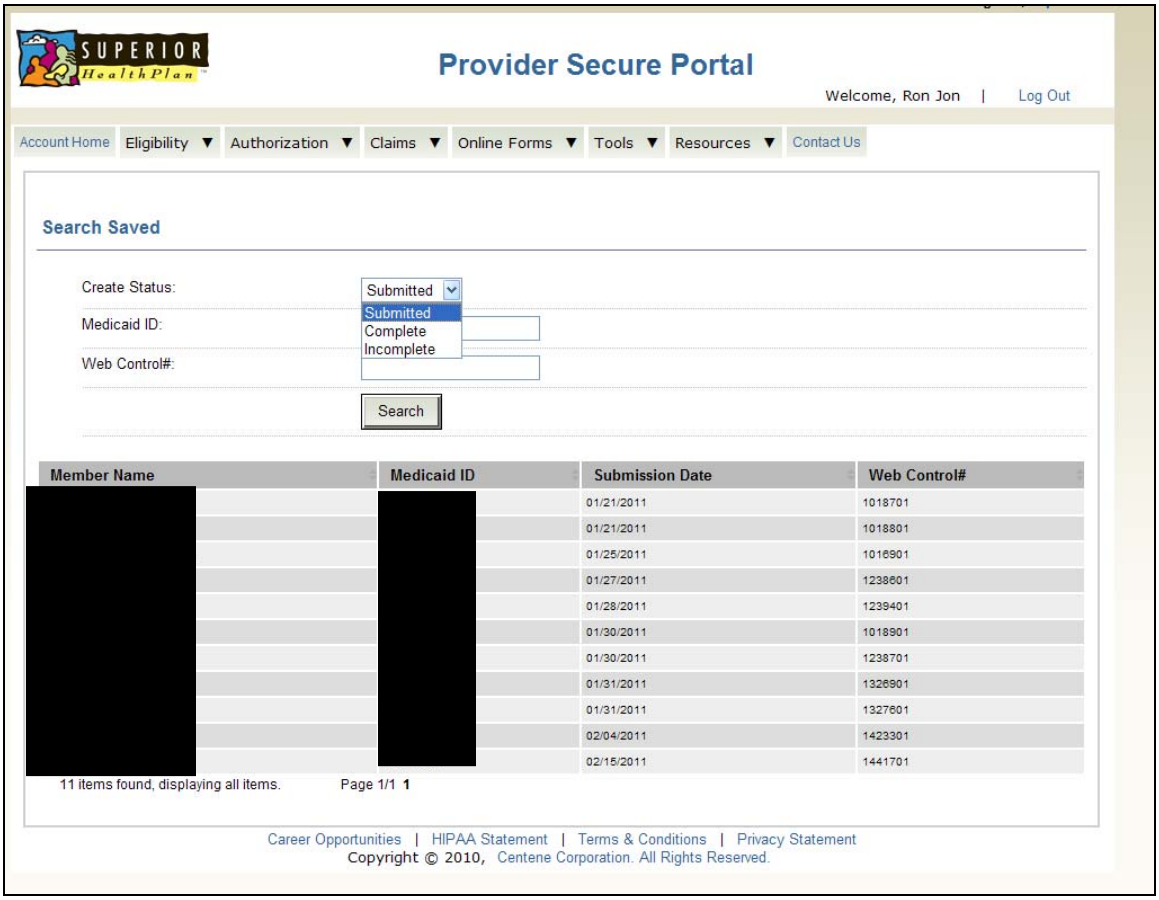
Select Search Saved from the Authorization drop down menu



The search saved module shows the Submitted, Complete, and Incomplete auth requests searchable by Create Status, Medicaid ID, and Web Control #.

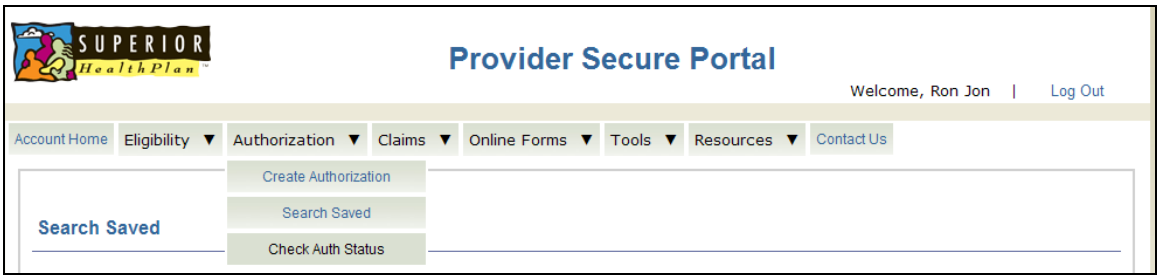
Create Statuses are:

Submitted – The authorization was successfully submitted
Complete – Complete and ready to be submitted
Incomplete – The authorization is Incomplete



Check Auth Status

Select Check Auth Status from the Authorization drop down menu:

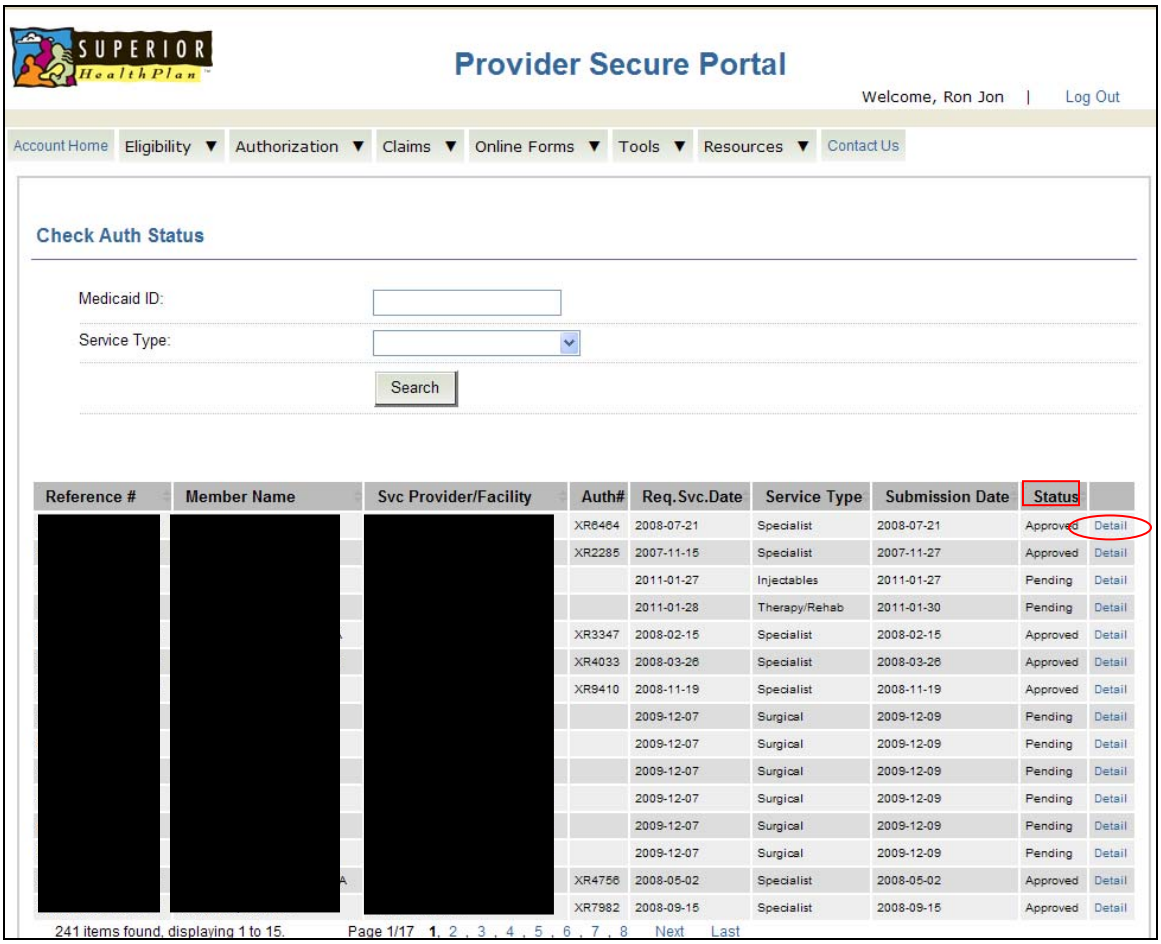


By default, all authorizations display. To filter by Medicaid ID or Service type, type in the Medicaid ID or select the Service type and select the search button.

The Status column displays the current status of the authorization.

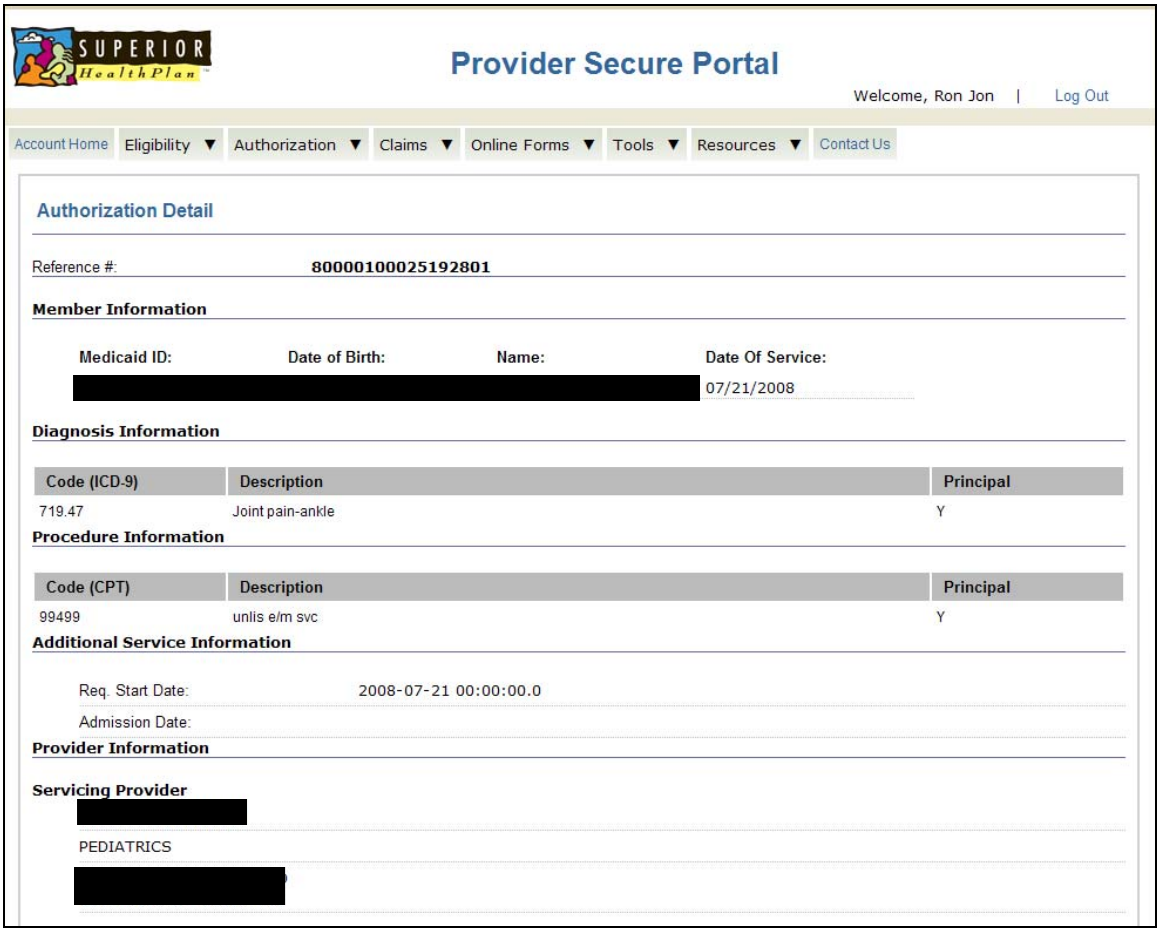
Statuses are:

Approved – The Authorization was approved
Partial Approval – The Authorization was partially approved
Pending – The Authorization is Under Review
Rejected – The Authorization was rejected



Select the detail link to view more detail about an authorization.

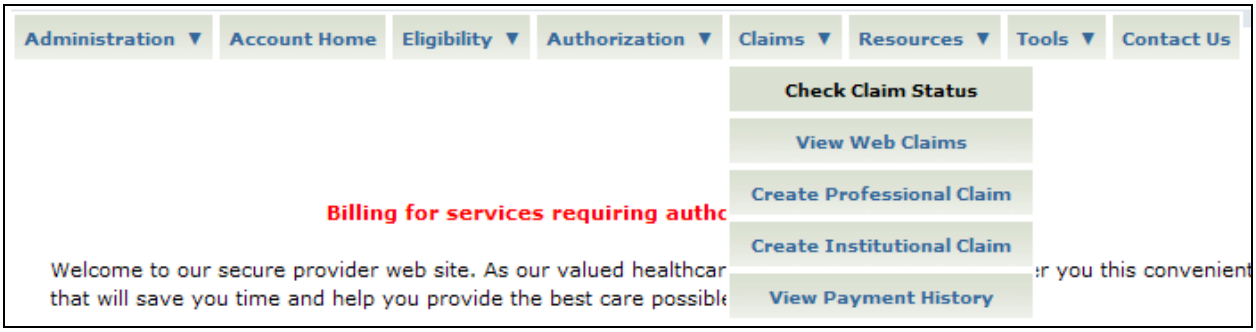
Authorization Details



Check Claim Status

The **Check Claim Status** feature allows you to check the status and to view detailed information of your submitted claims. The status can be checked on claims which have been submitted via the portal, your clearinghouse or paper. **Claims submitted via the portal will indicate any front end rejections.**

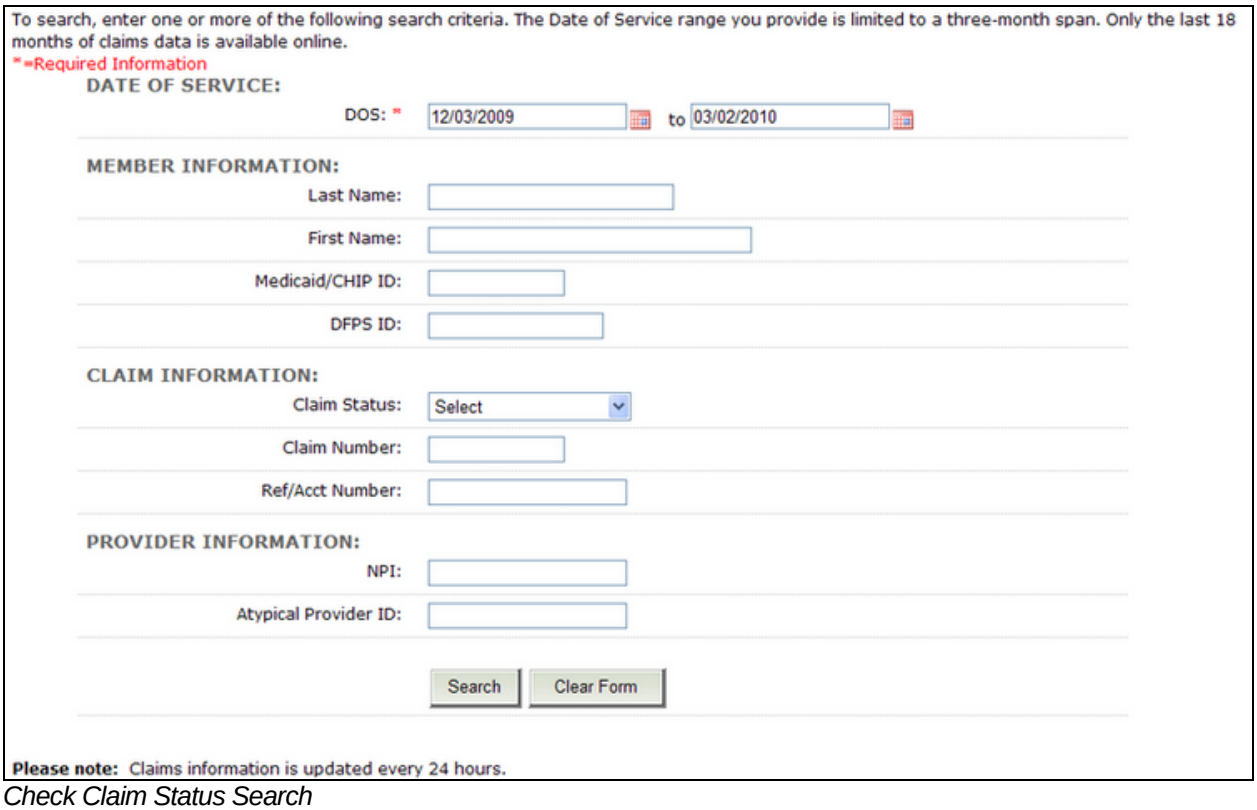
From the navigation menu at the top of the page, select **Claims, Check Claim Status**.



Navigation Menu

Check Claim Status Search

The **Check Claim Status** feature allows you to search for claims using a variety of different search criteria. You can search for claims within a specific three-month span based on the Date of Service (DOS). In addition, you can search for claims by certain member, claim and/or provider information.



Check Claim Status Search

- Enter **Date of Service (DOS)** range.
- Enter at least one other Search Criteria (i.e. **Member Information**, **Claim Information**, and/or **Provider Information**).
- Click **Search** button to access Search Results.

Clear Form:

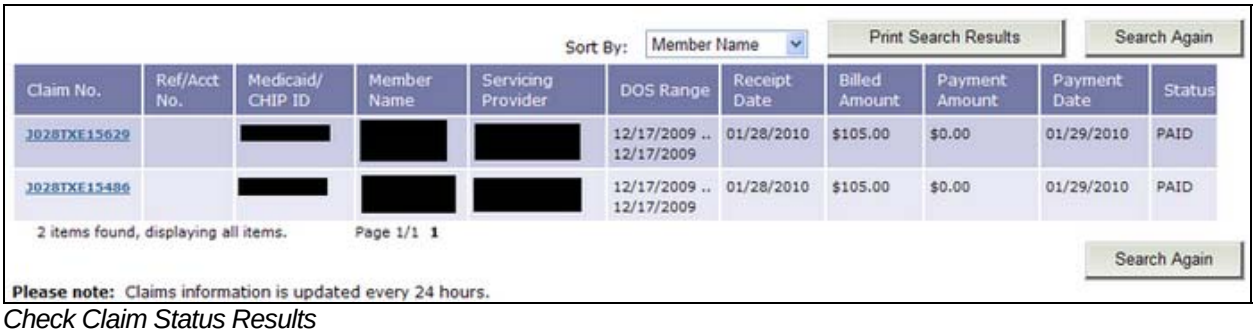
- Click the **Clear Form** button to reset the Date of Service (DOS) range to the current date and two months prior and to clear any information entered in the Member Information, Claim Information and/or Provider Information sections.

Tip

Use the convenient calendar function to set the Date of Service (DOS) fields.

Check Claim Status Results

The result of your search lists all the claims that meet the criteria you entered.



Check Claim Status Results

- Click **Claim Number** hyperlink to access the corresponding claim's detailed information.

You can navigate the list of matching claims using the following controls:

- **Prev** displays the page of results immediately preceding the currently displayed page.
- **Page Number** displays the corresponding page of results (15 claims per page)
- **Last** displays the last page of the results listing.

Print Search Results:

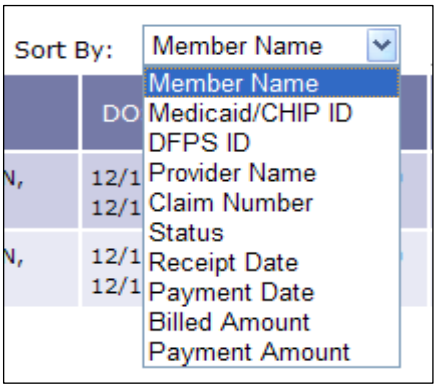
- To print the claim status results, click the **Print Search Results** button.

Search Again:

- To check the status of another claim/s, click the **Search Again** button. This will return you to the Check Claim Status search page.

Tip

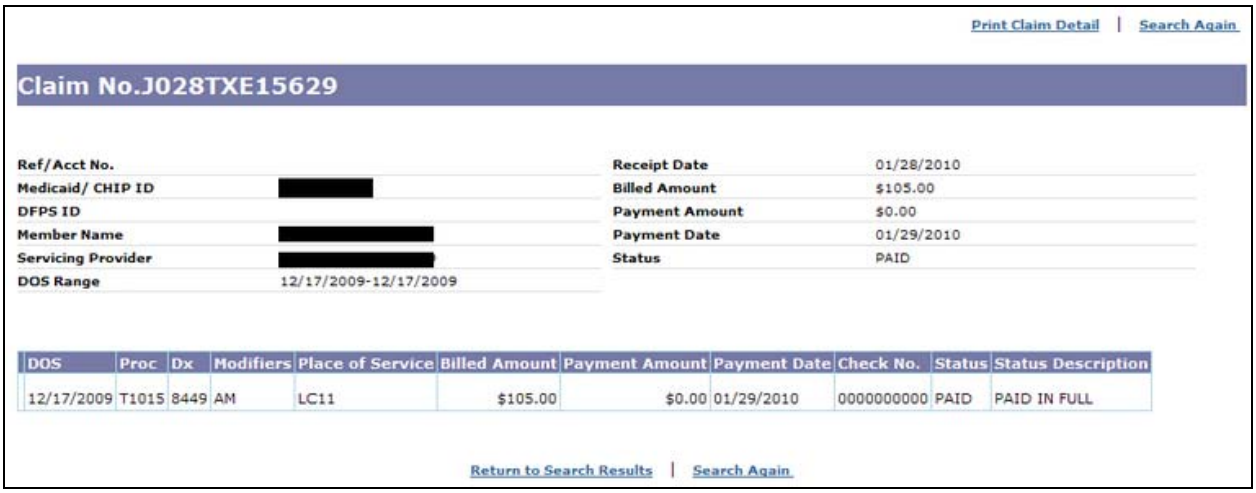
You can re-sort the Claim Status Results by using one of the following options provided in the **Sort By** drop-down menu.



Claim Status Sort Options

The default sort order for the Claim Status Results is by **Member Name**.

Check Claim Status Details



Claim Status Details

Print Claim Detail:

- To print the claim status details, click the **Print Claim Detail** button.

Search Again:

- To check the status of another claim/s, click the **Search Again** button. This will return you to the Check Claim Status Search page.

Return to Search Results:

- To return to Check Claim Status Results page, click the **Return to Search Results** button.

Create Professional Claim

The **Create Professional Claim** process allows you to create and submit a professional Medicaid claim online.

From the navigation menu at the top of the page, select **Claims, Create Professional Claim**.

Navigation Menu

Step 1 of 5

Step 1 of 5
I verify that I am submitting a new professional claim and not adjusting a previously submitted claim or entering information for reconsideration of a previously submitted claim.
Instructions: Enter member's Medicaid ID/CHIP ID then click the 'Next Step' button.
Member's Medicaid ID/CHIP ID:
Next Step
(Ex: 123456789a)

Step 1 of 5

- In order to select a member, you have to click the check box to verify you are submitting a new professional Medicaid claim. Once this box is checked, the Member's Medicaid ID field will be activated.
- Enter the **Member's Medicaid ID**.
- Click the **Next Step** button or press **Enter** on the keyboard.

You will only be able to submit online claims for members who have current coverage with the State's plan. You can verify member eligibility by utilizing the **Eligibility Search** option located under the **Eligibility** menu item.

Step 2 of 5

Step 2 of 5

- Enter **Patient Account Number** (required).

Note: This number is supplied by the provider.

Tip

Fields marked with an * are required. All other fields are optional.

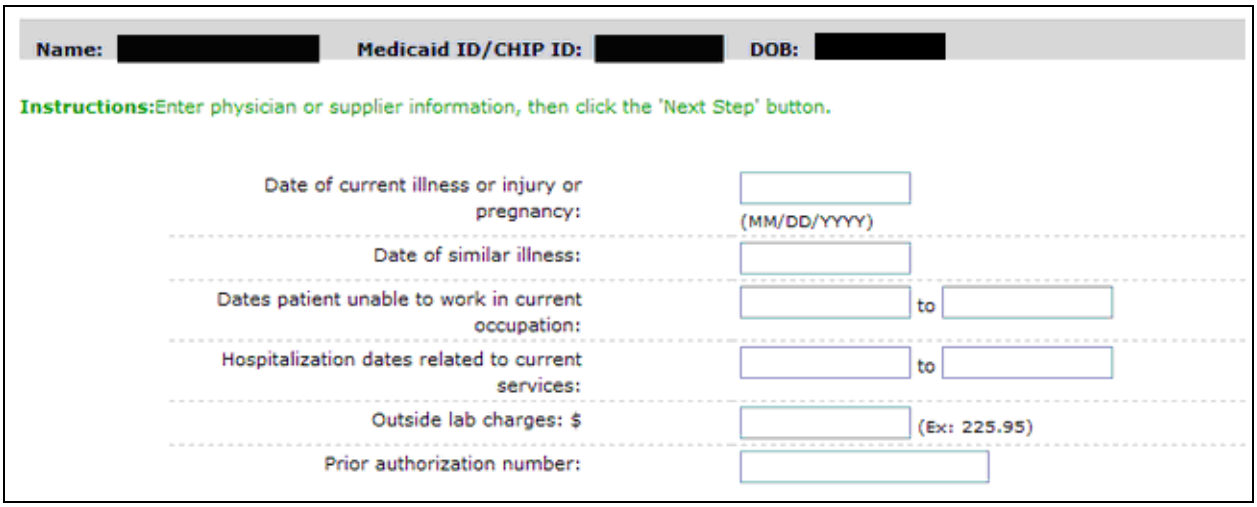
- Enter any optional information in the **Patient Status** and **Patient's condition related to…** sections.
- Click the **Next Step** button or press **Enter** on the keyboard.

Tip

Your work will be saved *automatically* each time you click the **Next Step** button or press **Enter** on the keyboard to continue to the next step. In addition, you may click the **Save** link at any time to save your work. Saved claims will be moved to the View Claims, Unsubmitted Claims list Click **Save & Start New Claim** to save your work and return to **Step 1** to begin another claim.

While in the **Create Professional Claim** process, the Member's Name, Medicaid ID and Date of Birth (DOB) are displayed at the top of each page. Instructions and error messages are displayed just below this area.

Step 3 of 5

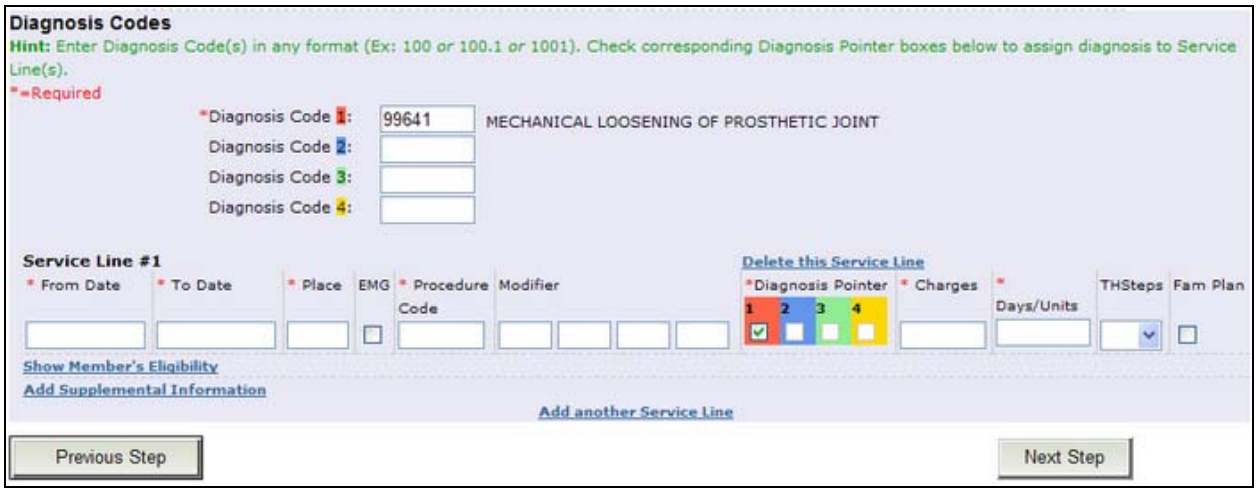

Name: [redacted] Medicaid ID/CHIP ID: [redacted] DOB: [redacted]
Instructions:Enter physician or supplier information, then click the 'Next Step' button.
Date of current illness or injury or pregnancy:
(MM/DD/YYYY)
Date of similar illness:
Dates patient unable to work in current occupation:
to
Hospitalization dates related to current services:
to
Outside lab charges: $
(Ex: 225.95)
Prior authorization number:

Step 3 of 5: optional information

- Enter any optional physician or supplier information (e.g., **Date of current illness or injury or pregnancy**, **Date of similar illness**, etc.)

Tip

Please remember to include decimal points on all monetary fields (e.g. Outside lab charges and Charges within the Service Line details).



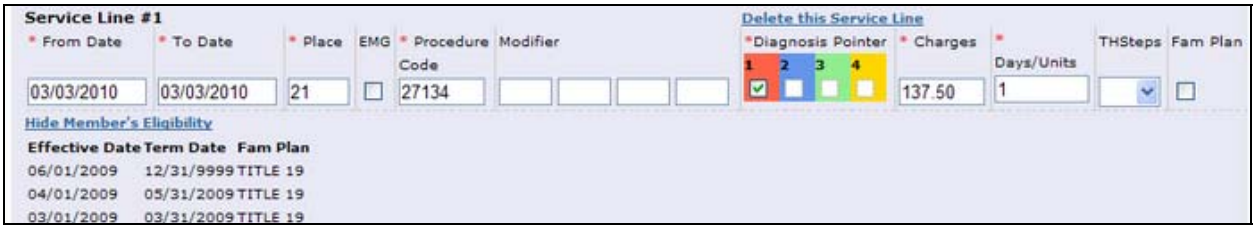
Using a service line's Diagnosis Pointer checkbox to 'point' at Diagnosis Code 1

- In the **Diagnosis Codes** section, enter **Diagnosis Code 1** (required). The diagnosis code may be in any of the following formats: 100 *or* 100.1 *or* 1001. A description of the diagnosis code will appear when you move the cursor from the field.

- Enter additional diagnosis codes in **Diagnosis Code 2**, **Diagnosis Code 3** and **Diagnosis Code 4** as needed.

- In the **Service Line #1** section, enter required information. Note: Use the **Diagnosis Pointer** checkboxes to associate the previously entered **Diagnosis Code 1**, **2**, **3** & **4** with the **Service Line** as needed.

To view the Member's service eligibility spans, click **Show Member's Eligibility**. **Hide Member's Eligibility** hides the eligibility span information.

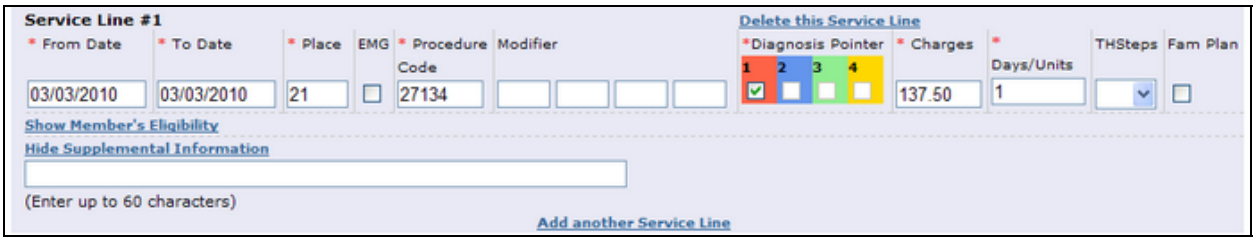


Member's eligibility spans display

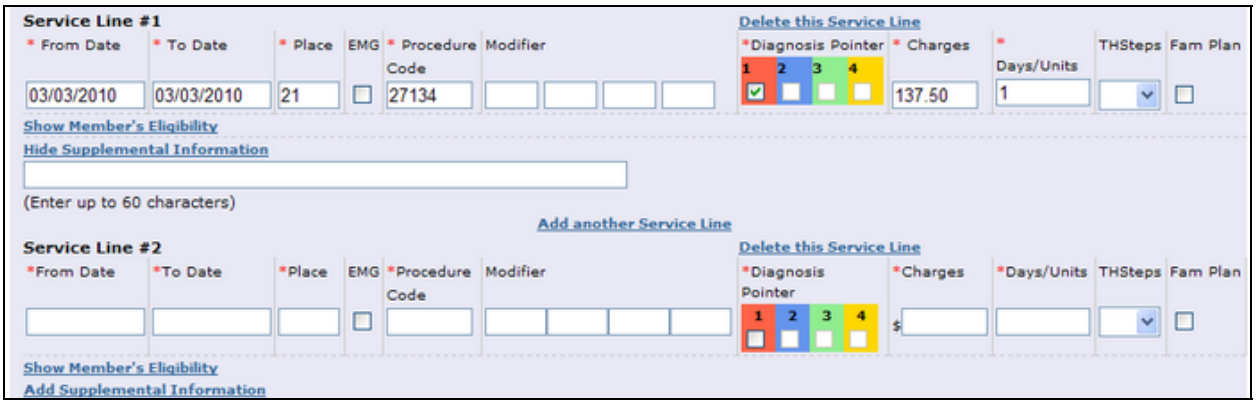
To add notes to the Service Line, click **Add Supplemental Information**. Enter up to 60 characters. You may then hide the notes by clicking **Hide Supplemental Information** Hiding the notes will not delete them.

Supplemental information field can be used to add notes to the service line.

To add another Service Line, click **Add Another Service Line**. A new, blank **Service Line** section will appear. Enter required information. The claim may include a total of six **Service Lines**.



Clicking 'Add another Service Line' link...

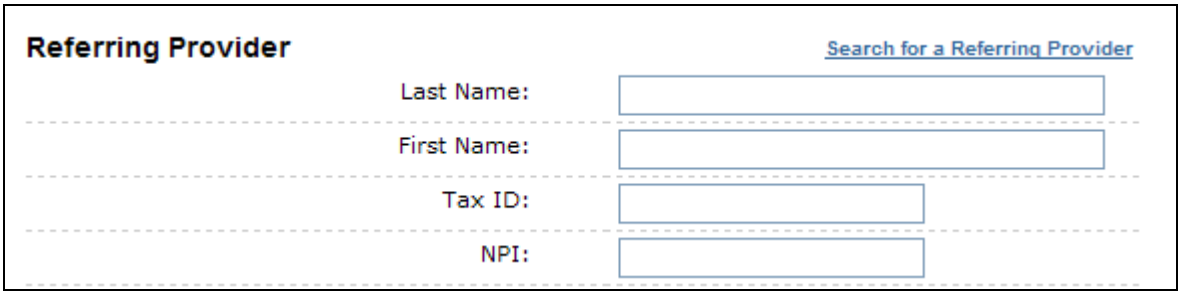


…adds another Service Line to the claim

To delete a Service Line, click its **Delete this Service Line** link. A claim must include at least one Service Line.

- Click the **Next Step** button or press **Enter** on the keyboard.

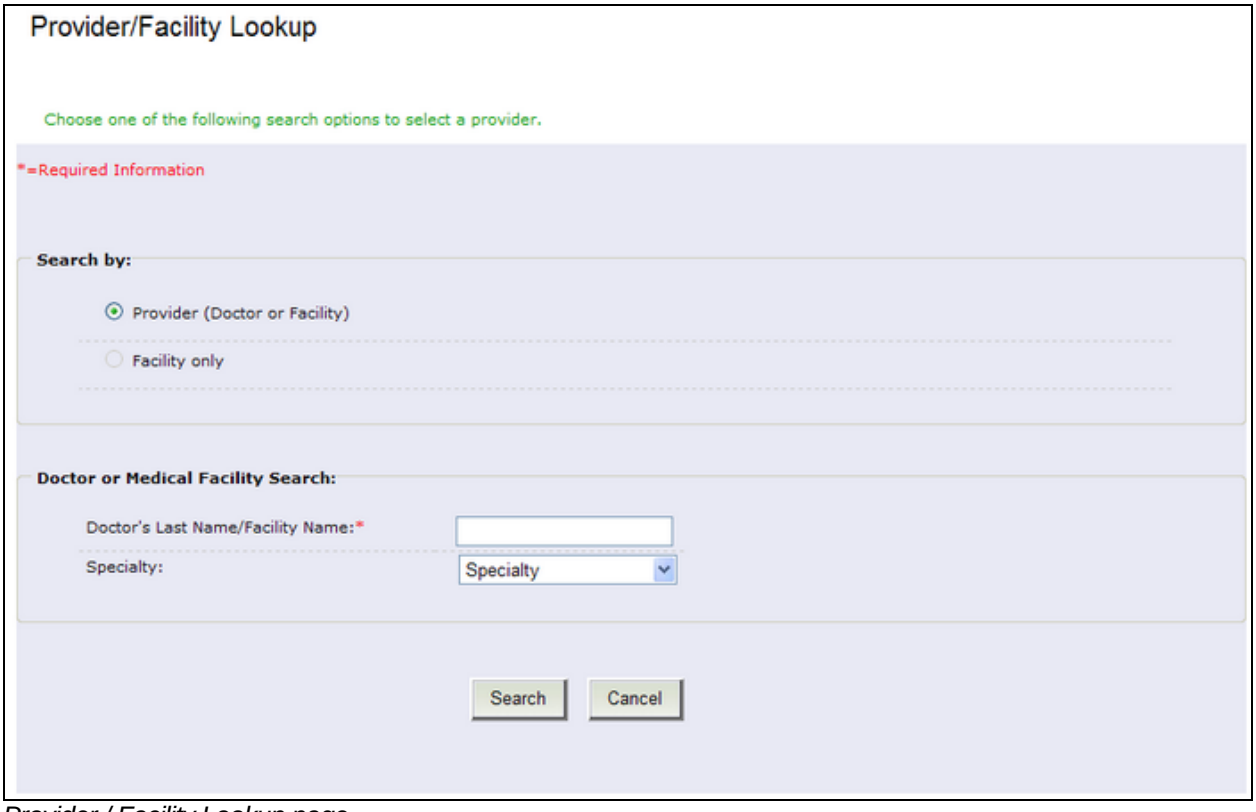
Step 4 of 5



Step 4 of 5: Referring Provider section

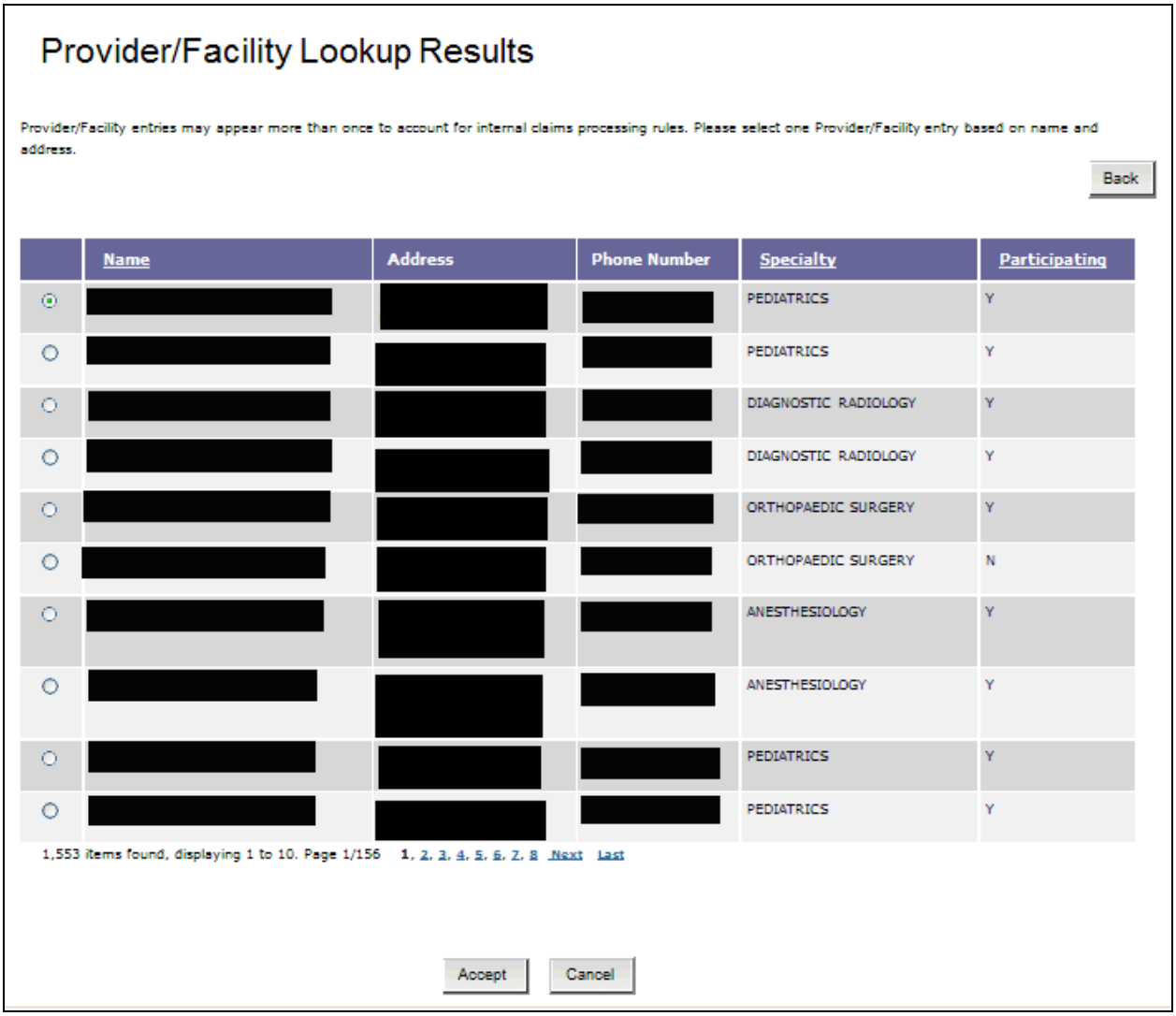
- In the **Referring Provider** section, enter information as needed.

To search for a referring provider, click **Search for a Referring Provider**. You will be taken the **Provider / Facility Lookup** page.



Provider / Facility Lookup page

- Choose to search by **Provider** or by **Facility only**, then enter the first two characters or more of the name of the provider or facility you are searching for. You also have the option of adding the provider/ facility specialty to narrow down the search results. Click **Search** to display matching referring providers to select, or **Cancel** to return to the **Step 4 of 5** page.

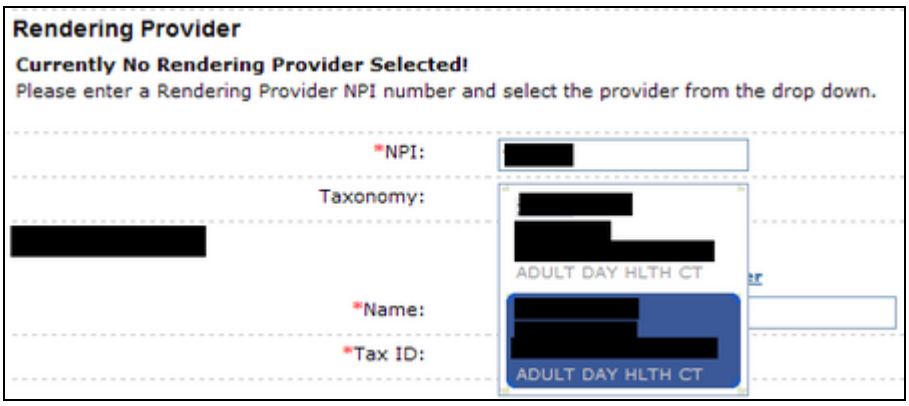


Provider / Facility Lookup Results page

Navigate the list of matching referring providers using the following controls:

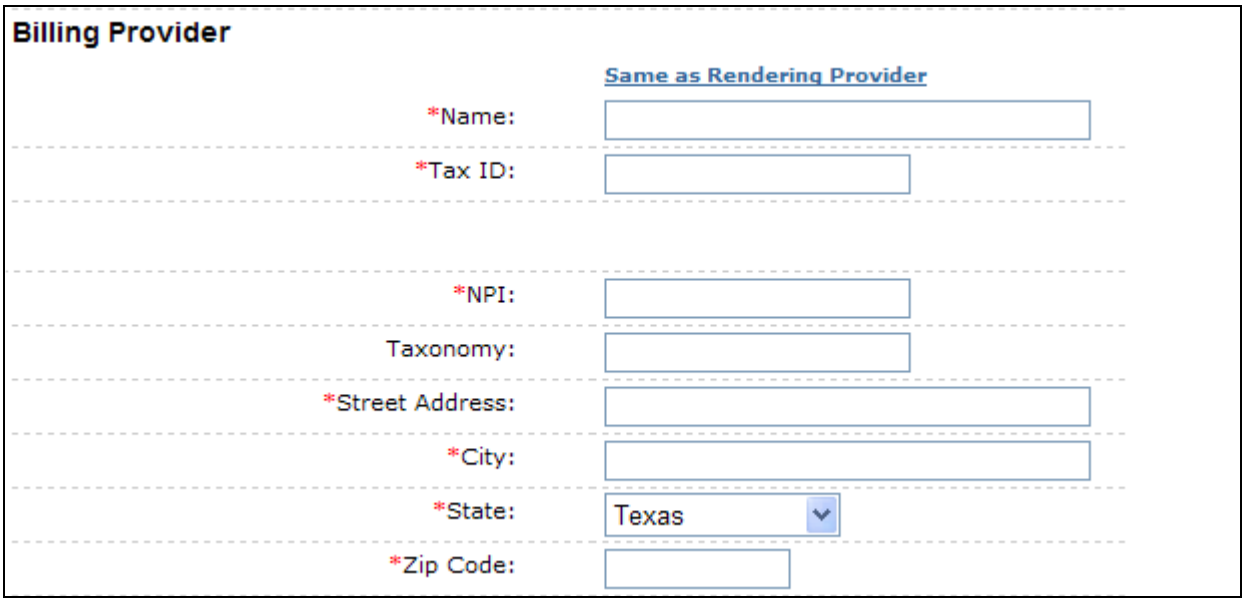
- **<<First** displays the first page of the results listing.
- **<Prev** displays the page of results immediately preceding the currently displayed page.
- **Next>** displays the page of results immediately following the currently displayed page.
- **Last>>** displays the last page of the results listing.
- **Column Headings (Name, Specialty, Participating)**. Click the column heading text to sort the results listing by that column. Clicking the same column heading a second time reverses the sort order (ascending vs. descending).
- Select a Referring Provider from the results, and click **Accept**. You will then be returned to the **Step 4 of 5** page, which will show the selected referring provider information.
- If you cannot find the provider needed, click **Cancel or Back** to be returned to the **Step 4 of 5** page.

Note: Referring provider information is not required in order to submit online claims



Step 4 of 5: Rendering Provider section

- In the **Rendering Provider** section, enter a **NPI** number and select the provider from the drop-down list.



Step 4 of 5: Billing Provider section

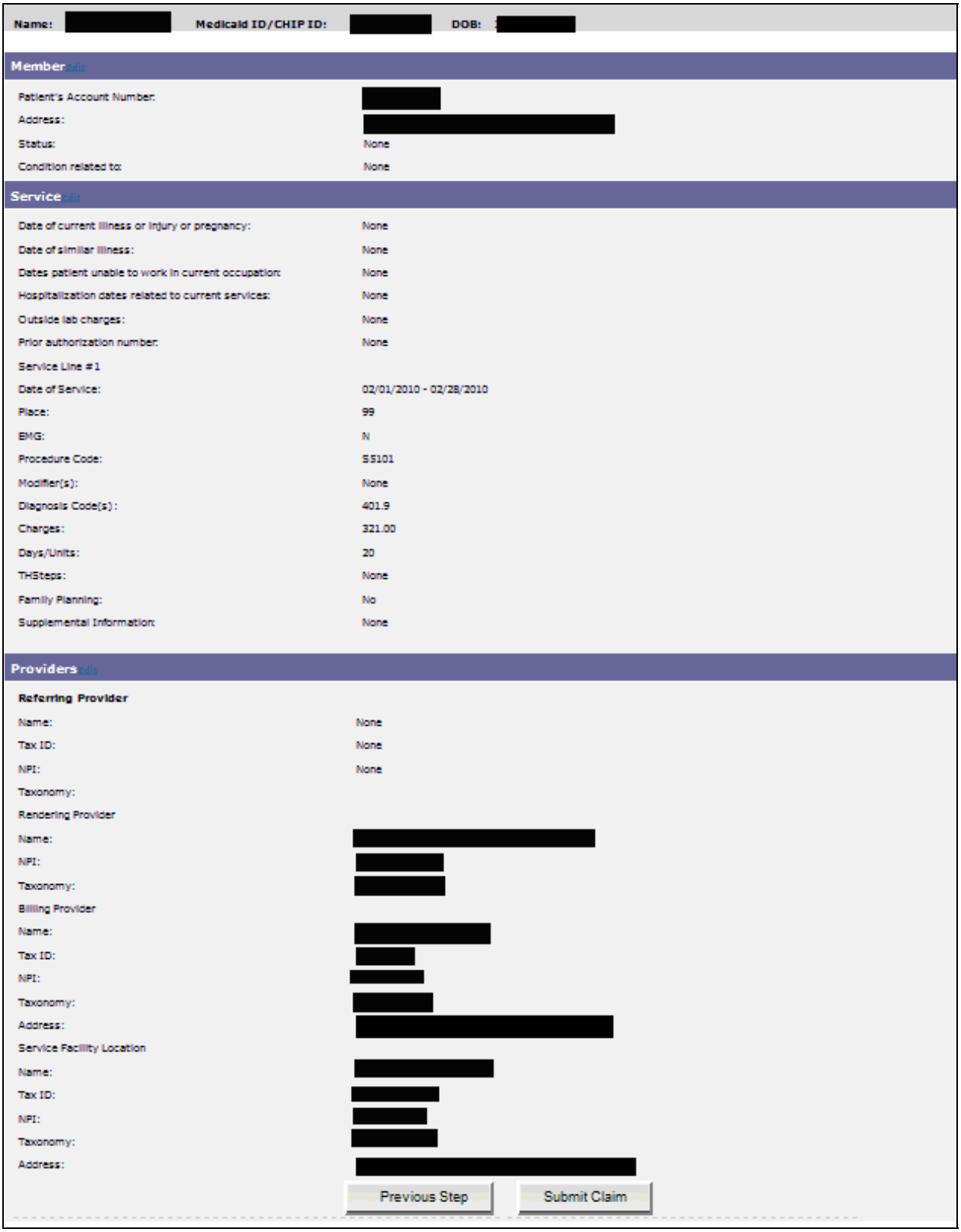
- In the **Billing Provider** section, enter required information or click **Same as Rendering Provider** to automatically copy the rendering provider information into the service facility fields.

Step 4 of 5: Service Facility Location section

- In the **Service Facility Location** section, enter information as needed. Click **Same as Billing Provider** to automatically copy the billing provider information into the service facility fields.
- Click the **Next Step** button or press **Enter** on the keyboard.

Step 5 of 5

This page displays all information entered during the previous steps. Review to ensure that all information is correct.

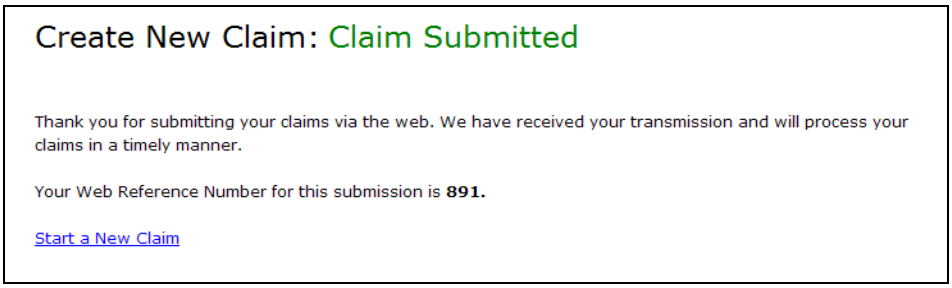


Step 5 of 5

- If information is incorrect, click **Previous Step** to move to the section that needs changes and change the information within the section.

  When finished modifying information, click the **Next Step** button or press **Enter** on the keyboard to continue to the next step. Continue to click **Next Step** on each step until returning to **Step 5 of 5**.

- If all information is correct, click **Submit Claim** and the claim will be transmitted. A "Claim Submitted" confirmation will be displayed.


Create New Claim: Claim Submitted
Thank you for submitting your claims via the web. We have received your transmission and will process your claims in a timely manner.
Your Web Reference Number for this submission is 891.
Start a New Claim

Claim submitted successfully. Note Web Reference Number

Take note of the **Web Reference Number**, which may be used to identify the claim while using the **View Web Claim** feature (see below). The **Web Reference Number** may also be useful in discussing a claim with your Provider Relations Representative.

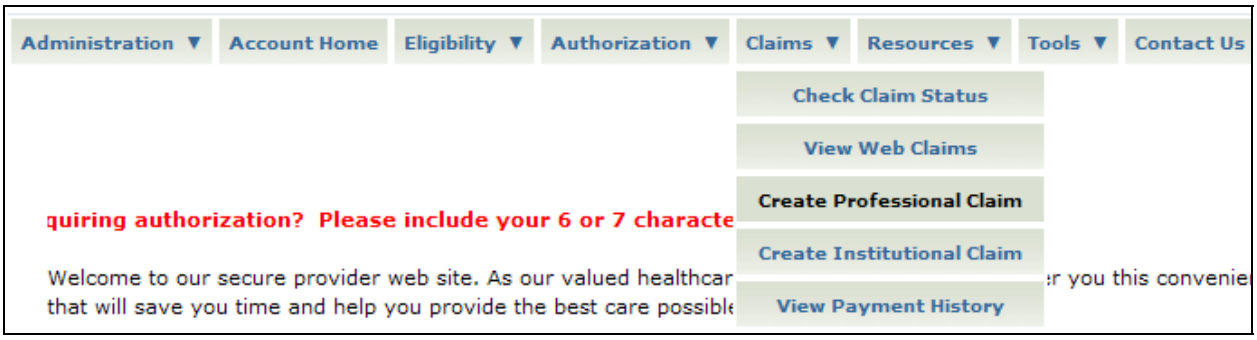
- If you choose not to submit the claim at this time, click **Save** near the top-right of the page. It will be saved to the **Claims Ready to Be Submitted** list (see **Unsubmitted Claims** in the **View Claims** section below).

- Click **Save & Start A New Claim** to save the claim and begin a new claim with the **Step 1 of 5** page. The saved claim will be available in the **Claims Ready to Be Submitted** list (see **Unsubmitted Claims** in the **View Web Claims** section below).

Create Institutional Claim

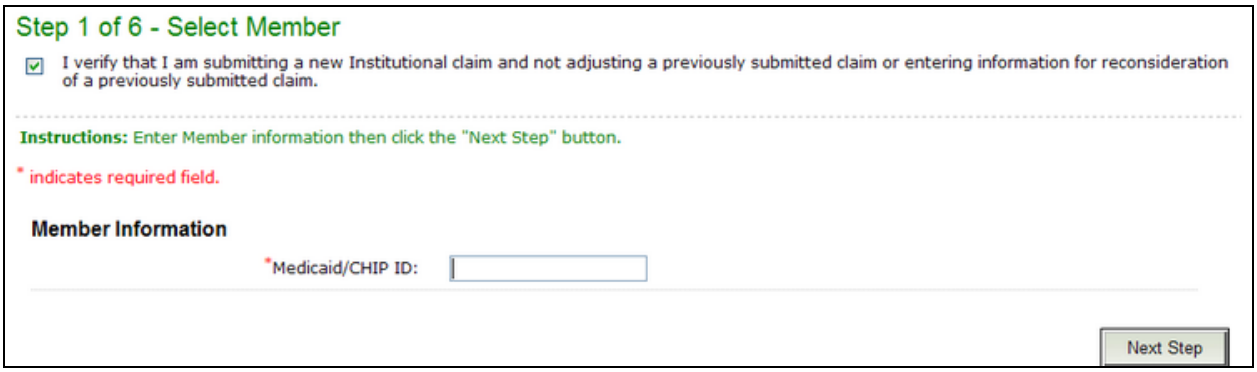
The **Create Institutional Claim** process allows you to create and submit an institutional Medicaid claim online.

From the navigation menu at the top of the page, select **Claims, Create Institutional Claim**.



Navigation Menu

Step 1 of 6 – Select Member

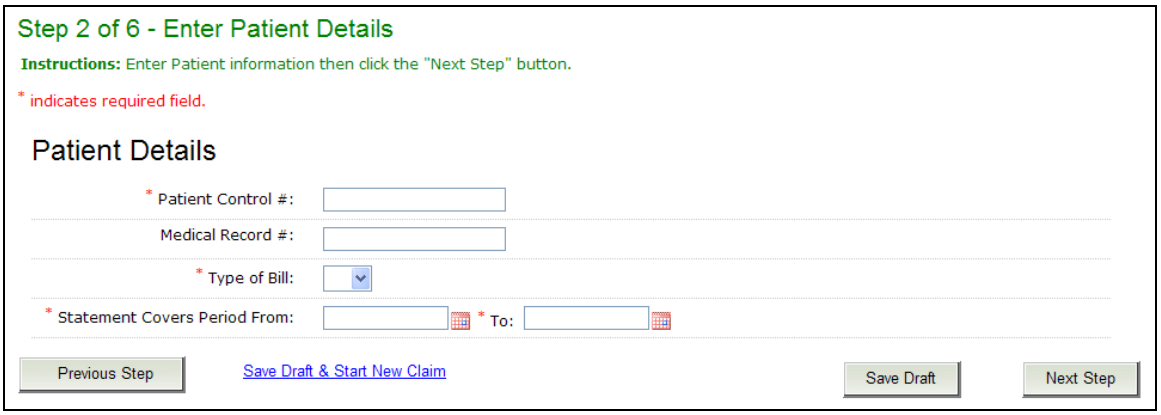

Step 1 of 6 - Select Member
I verify that I am submitting a new Institutional claim and not adjusting a previously submitted claim or entering information for reconsideration of a previously submitted claim.
Instructions: Enter Member information then click the "Next Step" button.
* indicates required field.
Member Information
*Medicaid/CHIP ID:
Next Step

Step 1 of 6

- In order to select a member, you have to click the check box to verify you are submitting a new institutional Medicaid claim. Once this box is checked, the Member's Medicaid ID field will be activated.
- Enter the **Member's Medicaid ID**.
- Click the **Next Step** button.

You will only be able to submit online claims for members who have current coverage with the State's plan. You can verify member eligibility by utilizing the **Eligibility Search** option located under the **Eligibility** menu item.

Step 2 of 6 – Enter Patient Details


Step 2 of 6 - Enter Patient Details
Instructions: Enter Patient information then click the "Next Step" button.
* indicates required field.
Patient Details
* Patient Control #:
Medical Record #:
* Type of Bill:
* Statement Covers Period From:
* To:
Previous Step
Save Draft & Start New Claim
Save Draft
Next Step

Step 2 of 6

- Enter **Patient Control Number** (required).
- Select **Type of Bill** from the dropdown menu (required).
- Enter **Statement Covers Period From** and **To** (required)**.**

Note: The Patient Control Number is supplied by the provider.

Tip

Fields marked with an * are required. All other fields are optional.

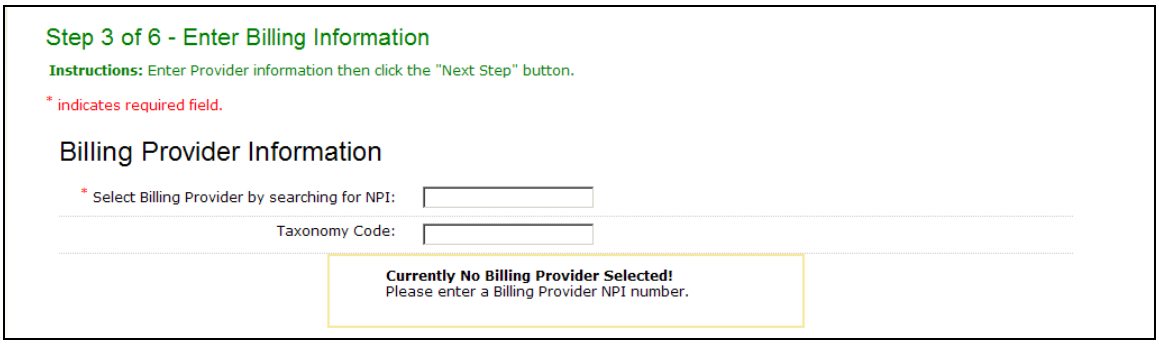
- Enter **Medical Record #** (optional).
- Click **Next Step** button.

Tip

Your work will be saved *automatically* each time you click the **Next Step** button to continue to the next step. In addition, you may click the **Save Draft** link at any time to save your work. Saved claims will be moved to the View Claims, Unsubmitted Claims list. Click **Save Draft & Start New Claim** to save your work and return to **Step 1** to begin another claim. Click **Previous Step** button to go back to the previous screen.

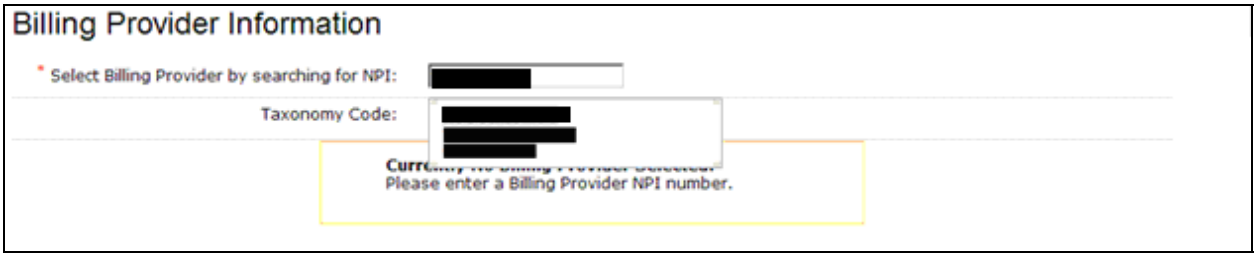
While in the **Create Institutional Claim** process, the Member's Name, Medicaid ID and Date of Birth (DOB) are displayed at the top of each page. Instructions are displayed just below this area.

Step 3 of 6 – Enter Billing Information

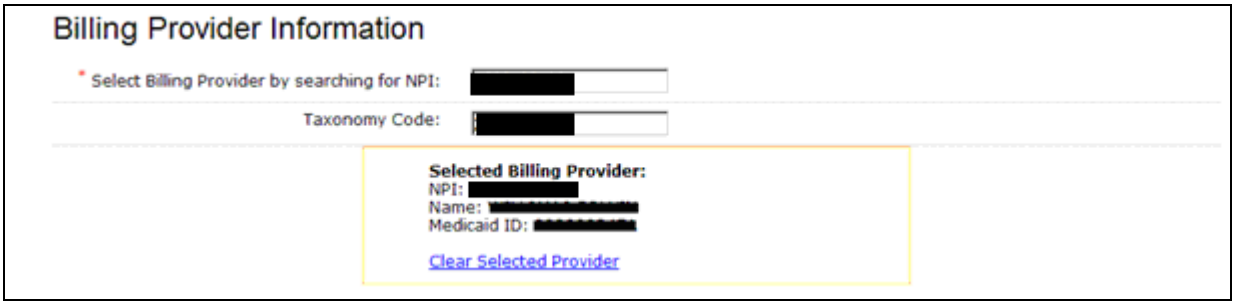

Step 3 of 6 - Enter Billing Information
Instructions: Enter Provider information then click the "Next Step" button.
* indicates required field.
Billing Provider Information
* Select Billing Provider by searching for NPI:
Taxonomy Code:
Currently No Billing Provider Selected!
Please enter a Billing Provider NPI number.

Step 3 of 6

- Enter NPI of Billing Provider, and then select the Billing Provider Information from the dropdown box (required).


Billing Provider Information
* Select Billing Provider by searching for NPI:
Taxonomy Code:
Please enter a Billing Provider NPI number.

Enter Billing Provider NPI



Selected Billing Provider

Tip

If the displayed Billing Provider information is incorrect, click **Clear Selected Provider** link. Then enter the correct NPI of the Billing Provider. Also, taxonomy code can be deleted and changed if user wishes to do so.

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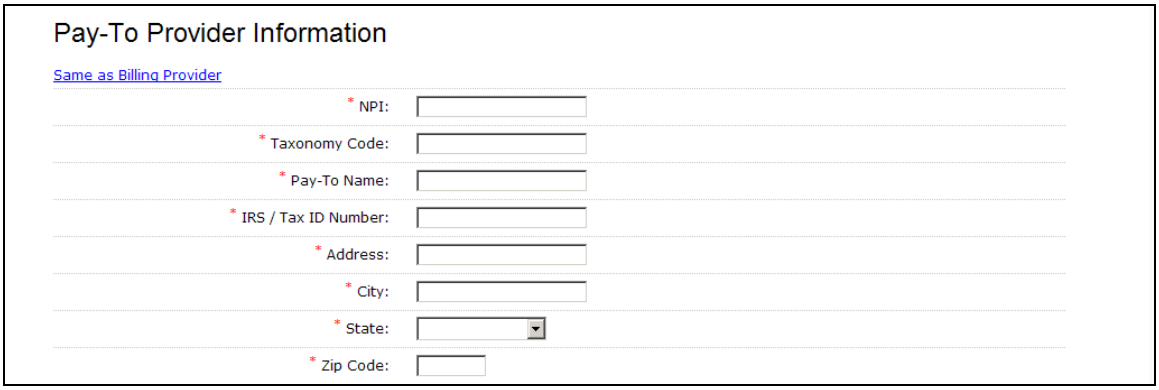
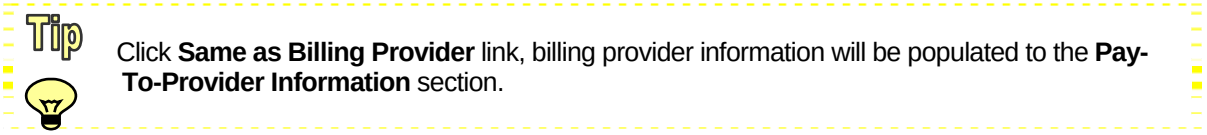
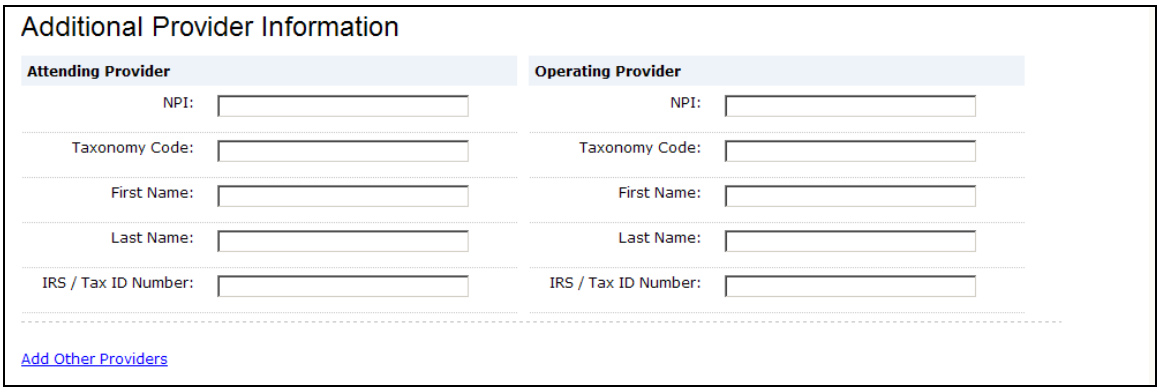


Enter Pay-To Provider

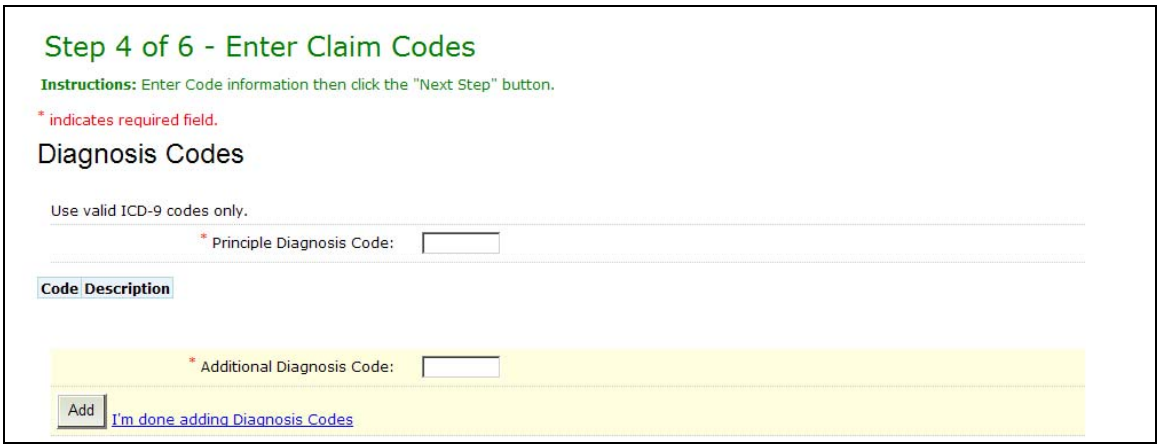
- Enter data into **Pay-To-Provider Information section** if it is different from **Billing Provider**.
- Enter all the fields marked as required


Tip
Click **Same as Billing Provider** link, billing provider information will be populated to the **Pay-To-Provider Information** section.



Enter Additional Provider Information

- Enter **Attending Provider** or **Operating Provider** information (e.g., **NPI, Taxonomy Code**, etc.) These are optional fields.
- Click **Next Step** button. This will take you to **Enter Claim Codes** screen.

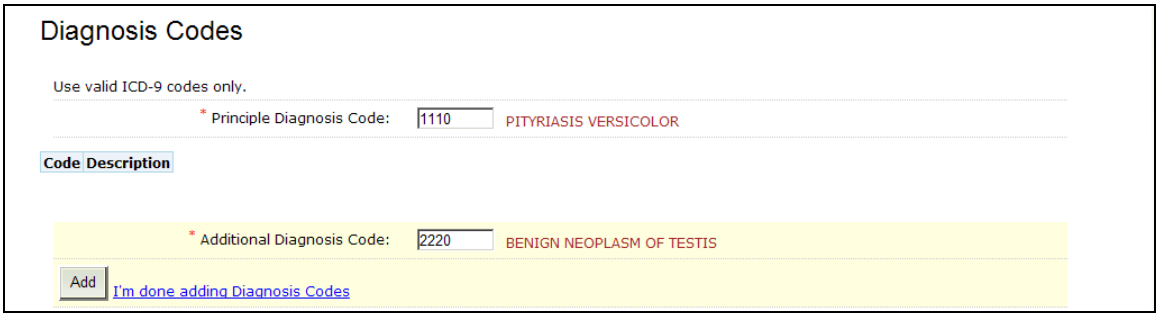

Step 4 of 6 - Enter Claim Codes
Instructions: Enter Code information then click the "Next Step" button.
* indicates required field.
Diagnosis Codes
Use valid ICD-9 codes only.
* Principle Diagnosis Code:
Code Description
* Additional Diagnosis Code:
Add
I'm done adding Diagnosis Codes

Step 4 of 6

- Enter Principal Diagnosis Code (required).
- Enter Additional Diagnosis Code (required).

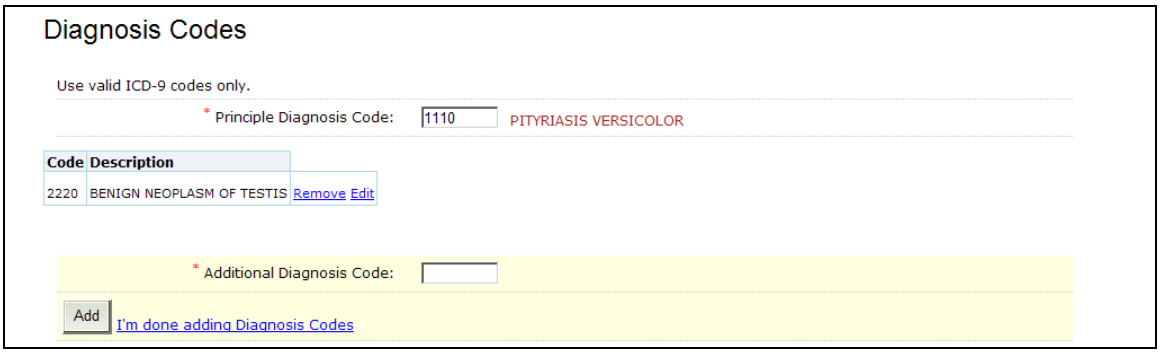
Tip

Once Diagnosis Codes have been entered, its associated diagnosis descriptions will be displayed next to the Diagnosis Codes. A sample is shown below.


Diagnosis Codes
Use valid ICD-9 codes only.
* Principle Diagnosis Code: 1110 PITYRIASIS VERSICOLOR
Code Description
* Additional Diagnosis Code: 2220 BENIGN NEOPLASM OF TESTIS
Add
I'm done adding Diagnosis Codes

Enter Diagnosis Codes

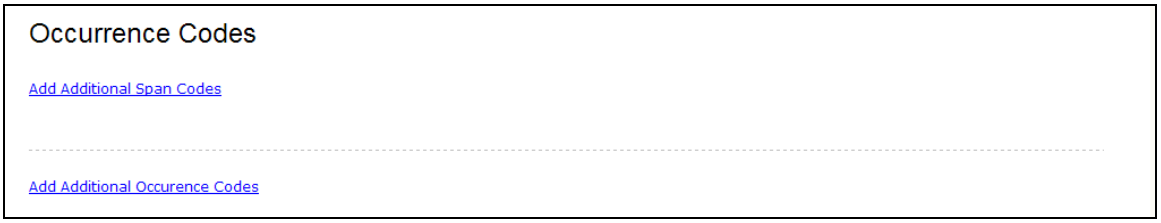
- Click **Add** button to add additional Diagnosis Code. At least one **Additional Diagnosis Code is required.**


Diagnosis Codes
Use valid ICD-9 codes only.
* Principle Diagnosis Code: 1110 PITYRIASIS VERSICOLOR
Code Description
2220 BENIGN NEOPLASM OF TESTIS Remove Edit
* Additional Diagnosis Code:
Add
I'm done adding Diagnosis Codes

Enter Additional Diagnosis Codes

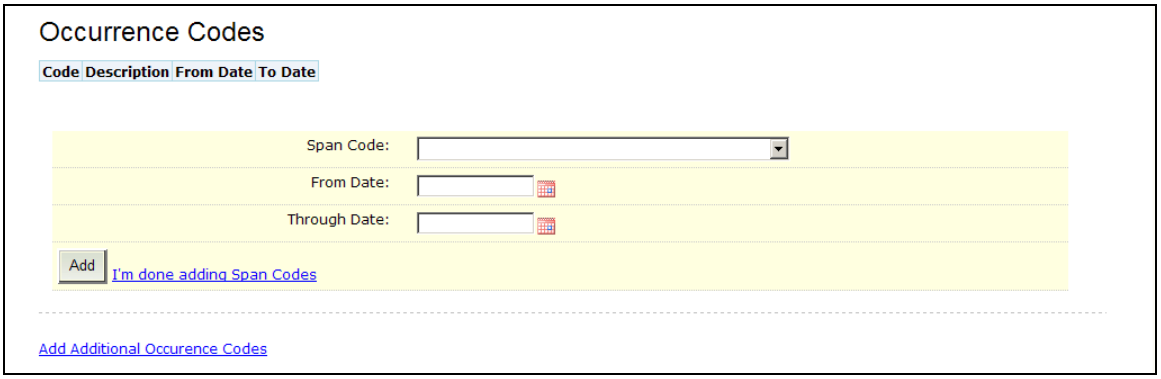
- When you are done with adding **Diagnosis Codes**, click the link marked **I'm done adding Diagnosis Codes.**

Tip
You are required to enter at least one **Additional Diagnosis Code**. Click the **Add** button to enter **Additional Diagnosis Codes**.



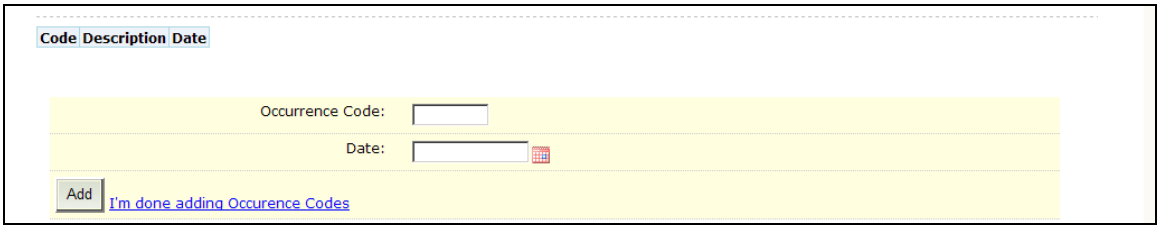
Enter Occurrence Codes

- Click the link marked **Add Additional Span Code** to enter data for this section. (optional)



Enter Additional Span Codes

- Enter **Span Code**, **From Date**, and **Through Date**.
- Click the link marked **Add Additional Occurrence Codes** to enter data for this section (optional).

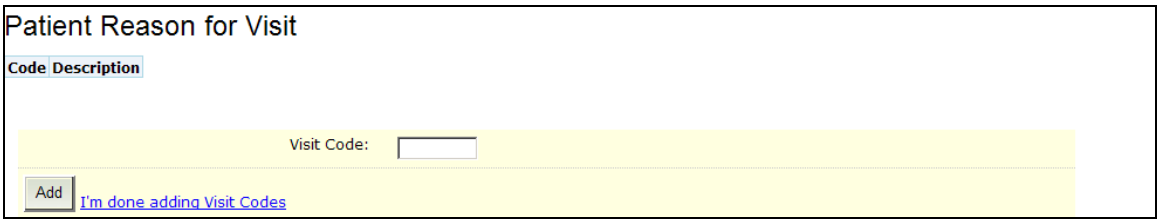


Enter Additional Occurrence Codes

- Enter **Occurrence Code**, and **Date**
- When you are done with adding **Occurrence Code**, click the link marked **I'm done adding Occurrence Codes.**

Enter Additional Visit Codes

- Click the link marked **Add Additional Visit Code**. (optional)

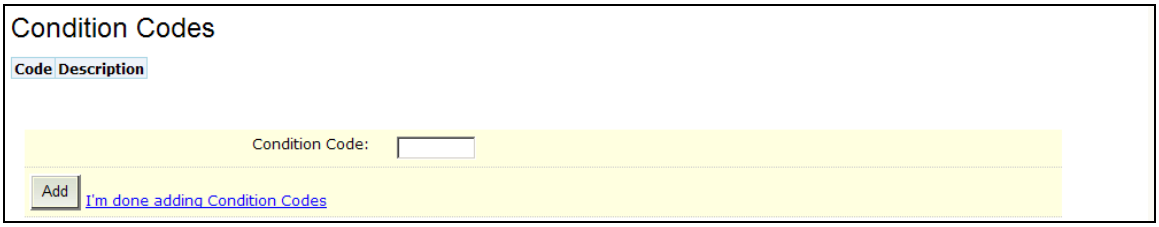


Enter Visit Code

- Enter **Visit Code**.
- When you are done with adding **Visit Code**, click the link marked **I'm done adding Visit Codes.**

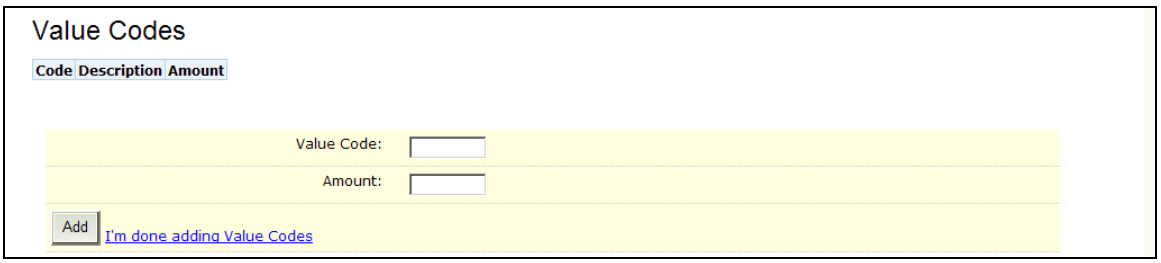
Enter Additional Condition Codes

- Click the link marked **Add Additional Condition Code** to enter data for this section. (optional)



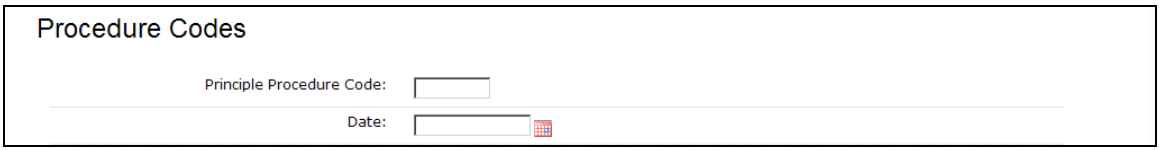
Enter Condition Code

- Enter **Condition Code**.
- When you are done with adding **Condition Code**, click the link marked **I'm done adding Condition Codes.**



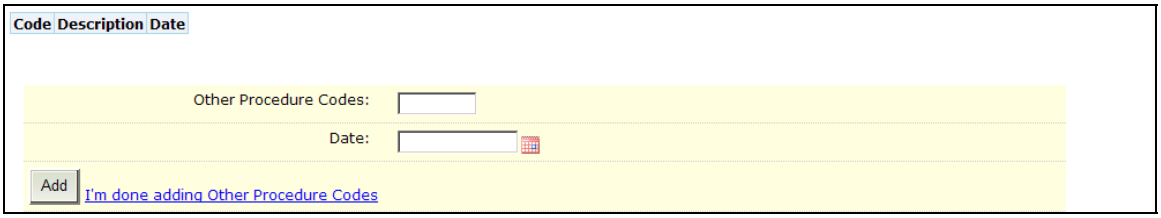
Enter Value Codes

- Enter **Value Code**.
- When you are done with adding **Value Code**, click the link marked **I'm done adding Value Codes.**



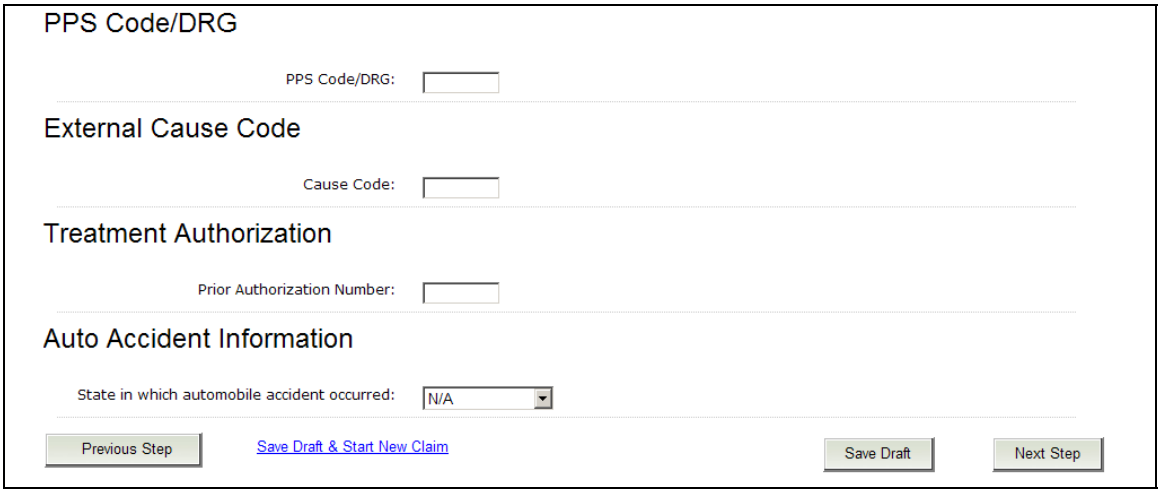
Enter Procedure Codes

- Enter **Principle Procedure Code** and **date**.
- When you are done with adding **Procedure Code**, click the link marked **I'm done adding Procedure Codes.**



Enter Other Procedure Codes

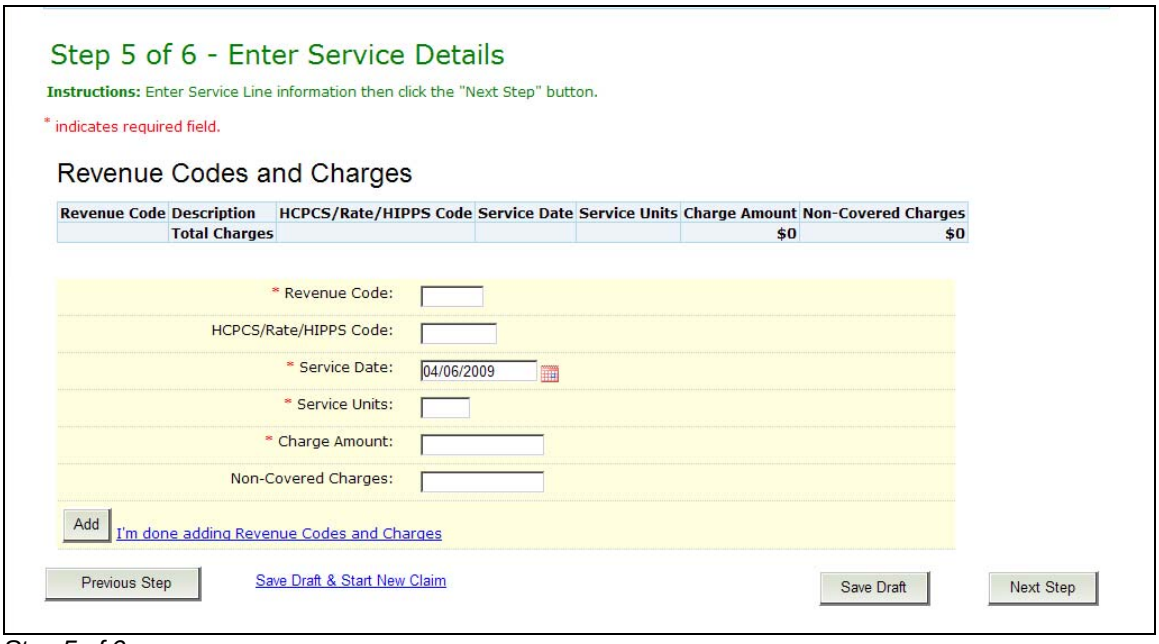
- Enter **Other Procedure Code** and **date**.
- When you are done with adding Other **Procedure Code**, click the link marked **I'm done adding Other Procedure Codes.**



Enter Remaining Options

- Enter the fields listed above (optional).
- When you are done with adding the optional fields, click **Next Step** button. It will take you to **Enter Service Details** screen.

Step 5 of 6 – Enter Service Details

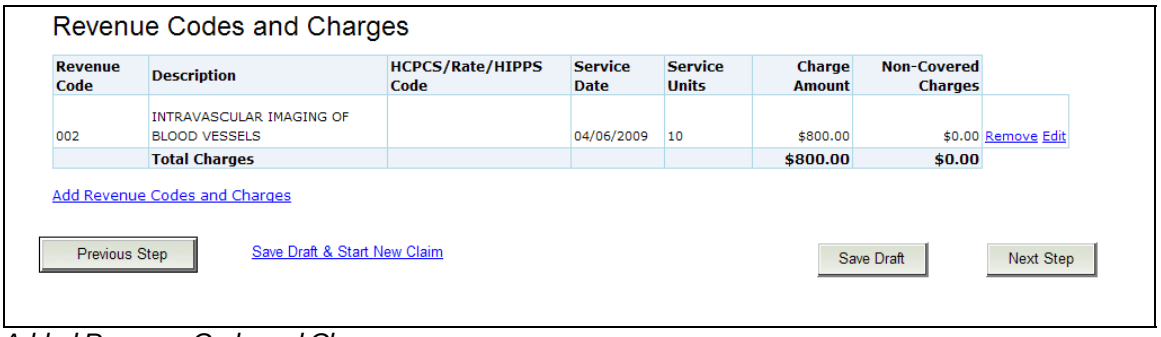


Step 5 of 6

- Enter Revenue Code, Service Date, Service Units, and Charge Amount (required).
- Enter HCPCS/Rate/HIPPS Code and Non-Covered Charges (optional).
- Click **Add** button to add **Revenue Codes** and **Charges.**

Tip Once you click the **Add** button, **Revenue Code** will be validated.

- When you are done with adding Other **Revenue Code**s and **Charges**, click the link marked **I'm done adding Revenue Codes** and **Charges.**

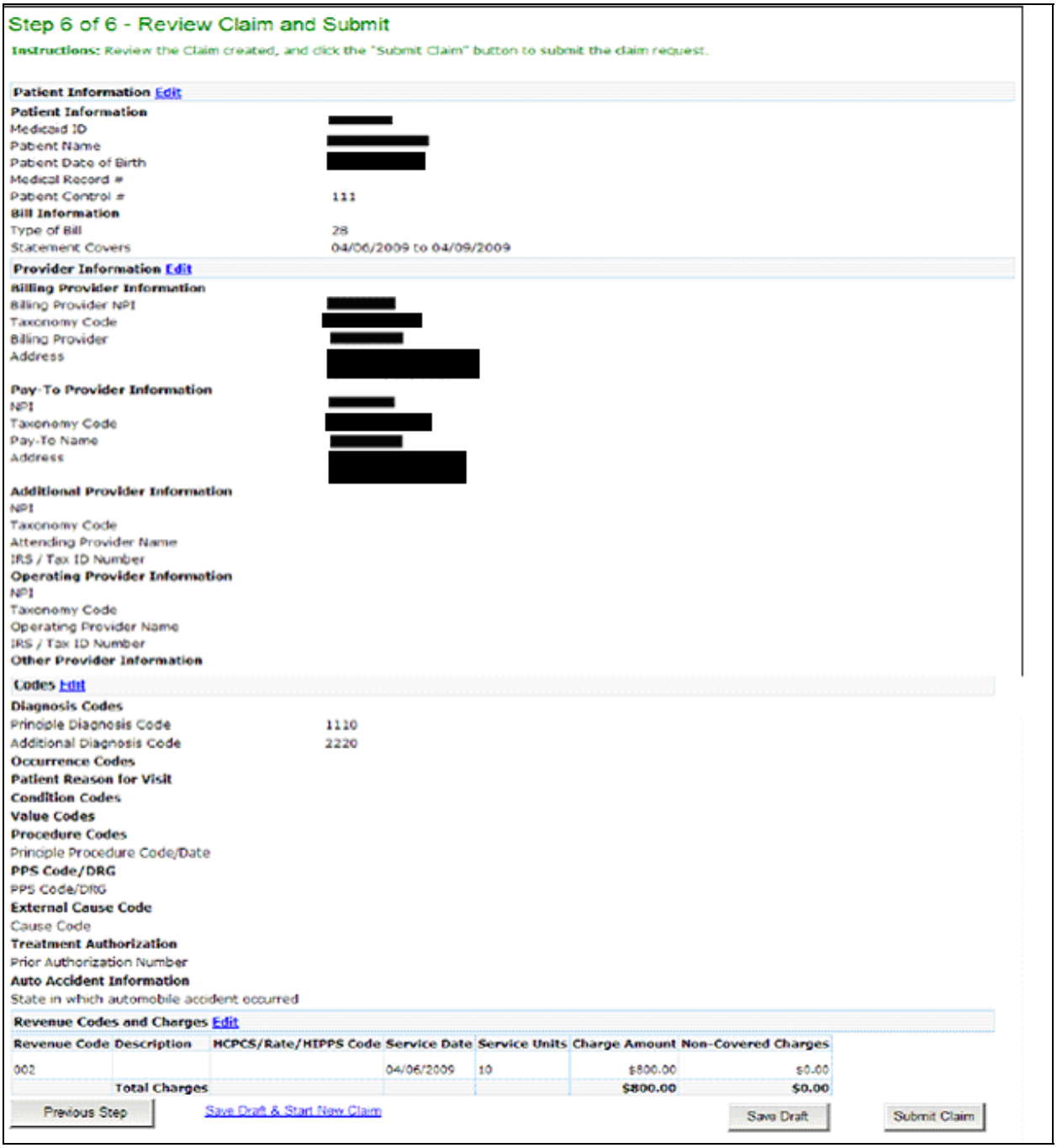


Added Revenue Code and Charge

- When you are done with adding **Revenue Codes** and **Charges**, click **Next Step.** It will take you to **Review Claim and Submit** screen.

Step 6 of 6 – Review Claim and Submit

This page displays all information entered during the previous steps. Please review to ensure that all information is correct.



Step 6 of 6

- If information is incorrect, click **Edit** to change the information within a section.

  For example, to change a Diagnosis Code, click **Edit** in the **codes** section. It will take you to the **Step 4 of 6 – Enter Claim Codes** screen. When you are finished modifying information,

click the **Next Step** button to continue to the next step. Continue to click **Next Step** on each step until returning to **Step 6 of 6**.

- If all information is correct, click **Submit Claim** and the claim will be transmitted. A "Claim Submitted" confirmation will be displayed.

- Take note of the **Web Reference Number**, which may be used to identify the claim while using the **View Web Claim** feature. The **Web Reference Number** may also be useful in discussing a claim with your Provider Relations Representative.

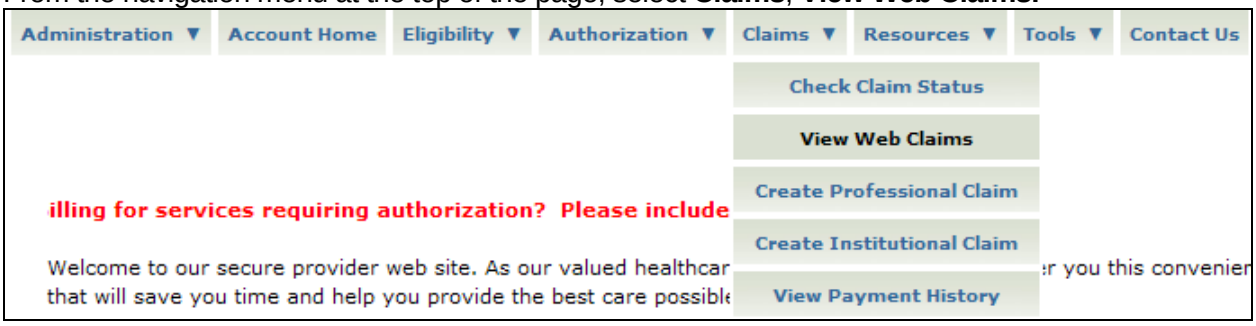
- If you choose not to submit the claim at this time, click **Save** near the top-right of the page. It will be saved to the **Claims Ready to Be Submitted** list (see **Unsubmitted Claims** in the **View Claims** section below).

- Click **Save & Start A New Claim** to save the claim and begin a new claim with the **Step 1 of 6** page. The saved claim will be available in the **Claims Ready to Be Submitted** list (see **Unsubmitted Claims** in the **View Web Claims** section below).

View Web Claims

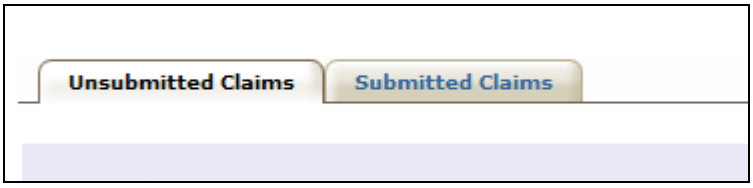
The **View Web Claims** feature allows you to re-open and continue working on saved, unsubmitted claims. It also allows you to track the status of claims submitted using the Portal.

From the navigation menu at the top of the page, select **Claims**, **View Web Claims.**



Navigation Menu

The View Web Claims page includes two tabs: **Unsubmitted Claims** and **Submitted Claims**.



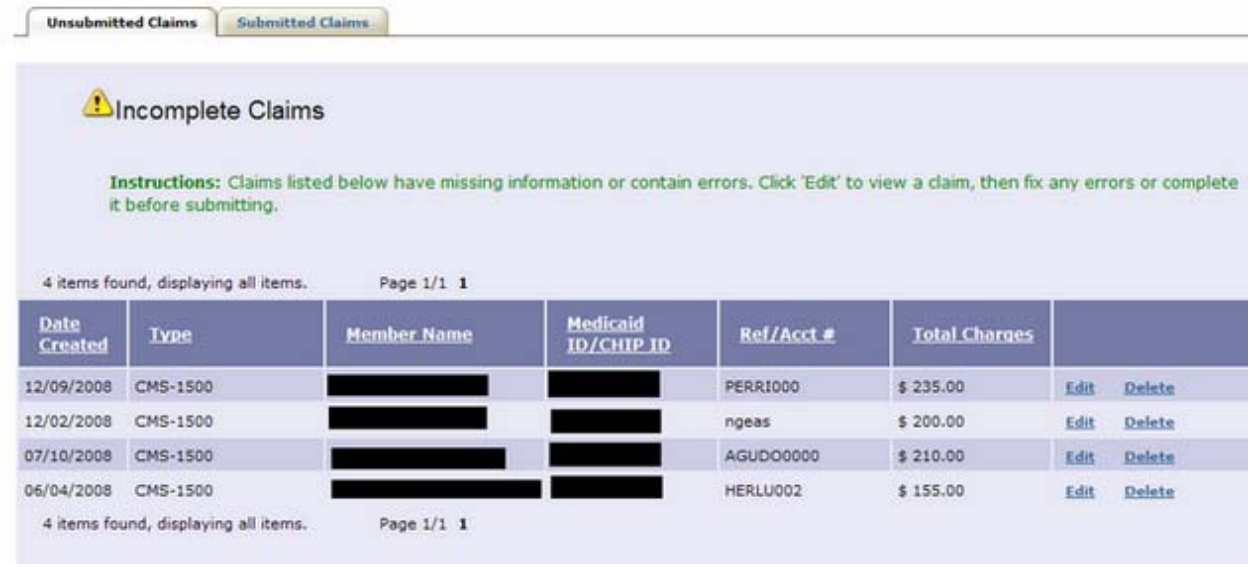
Tabs: Unsubmitted Claims & Submitted Claims

Unsubmitted Claims

The **Unsubmitted Claims** tab is selected by default. If it is not selected, simply click **Unsubmitted Claims**.

Unsubmitted Claims displays two lists of claims: **Incomplete Claims**, and below it, **Claims Ready to be Submitted**.

Incomplete Claims


Unsubmitted Claims
Submitted Claims
Incomplete Claims
Instructions: Claims listed below have missing information or contain errors. Click 'Edit' to view a claim, then fix any errors or complete it before submitting.
4 items found, displaying all items. Page 1/1 1
Date Created
Type
Member Name
Medicaid ID/CHIP ID
Ref/Acct #
Total Charges
12/09/2008 CMS-1500 [redacted] [redacted] PERRI000 $ 235.00 Edit Delete
12/02/2008 CMS-1500 [redacted] [redacted] ngeas $ 200.00 Edit Delete
07/10/2008 CMS-1500 [redacted] [redacted] AGUDO0000 $ 210.00 Edit Delete
06/04/2008 CMS-1500 [redacted] [redacted] HERLU002 $ 155.00 Edit Delete
4 items found, displaying all items. Page 1/1 1

Incomplete Claims list

Claims listed here are unsubmitted and are missing information or contain errors.

You can re-sort the list by any column by clicking on the column's title. To reverse the order of the sort, click the column title again.

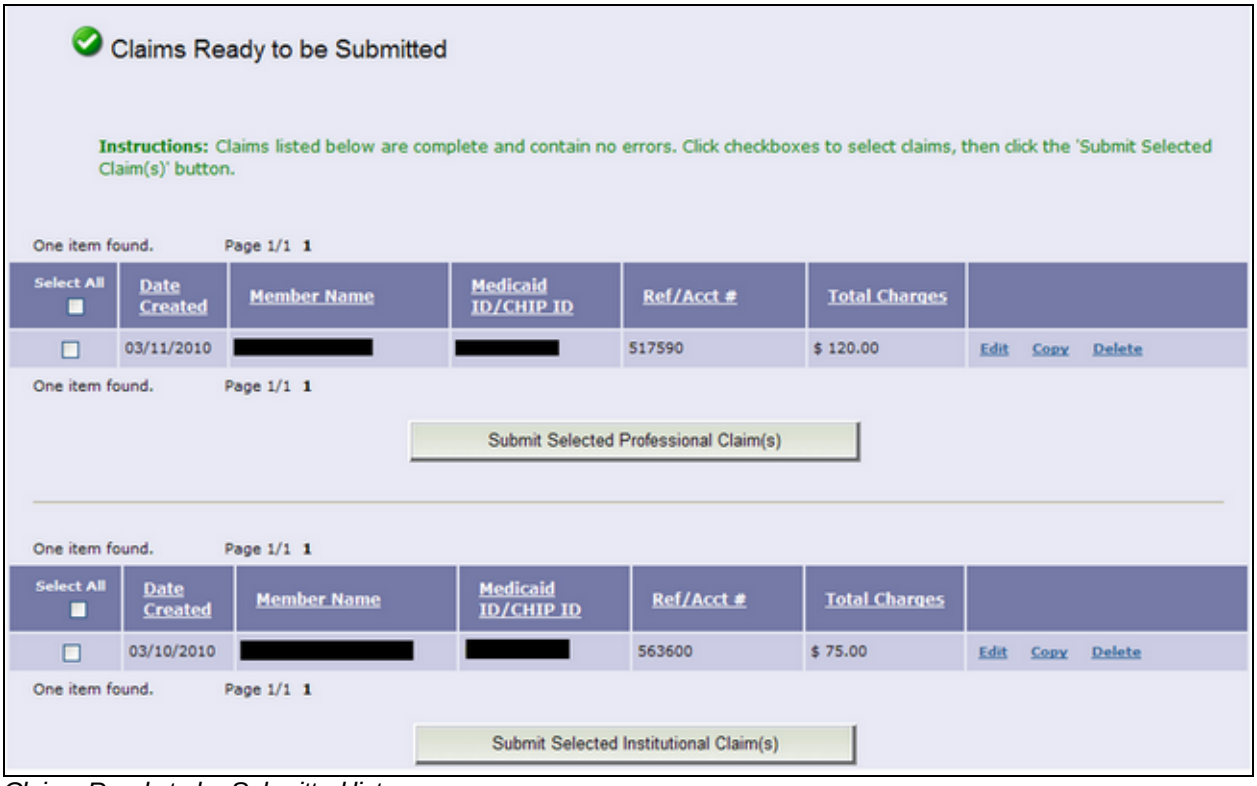
Edit:

- Click the claim's **Edit** link to complete a claim's information or to fix its errors. The claim will be displayed, starting with the last step in the **Create Professional/Institutional Claim** process on which it was exited.
- For example, if you were last on Step 3 of the **Create Professional/Institutional Claim** process and return to the claim, **Step 3** will be displayed.
- Complete the claim or fix any errors. To move between steps, use the **Previous Step** and **Next Step** buttons at the bottom of the page.
- To finish and submit the claim, move to **Step 5** (Professional) **/ Step 6** (Institutional) and click the **Submit This Claim** button at the bottom of the page.
- If you choose not to submit the claim at this time, click **Save** near the top-right of the page. If the claim is now complete and contains no errors, it will be moved the **Claims Ready to Be Submitted** list (see below). You may access saved claims at any time by returning to the **View Claims** page.

Delete:

To permanently delete an "Incomplete Claim", click the claim's **Delete** link.

Claims Ready to be Submitted



Claims Ready to be Submitted list

Claims listed here are complete, contain no errors, and are ready to be submitted. This section is broken down into two lists of claims: **Professional** and **Institutional**.

Submitting 'Ready to be Submitted' Claims:

- Click **checkboxes** to select one or more claims for submission.
- Click the **Submit Selected Professional/Institutional Claim(s)** button at the bottom of the page. A "Claim(s) Submitted" confirmation will be displayed.

A record of the "submission", including the status of each claim that was part of the submission, will be displayed in the **Submitted Claims** list.

Edit:

- Click the claim's **Edit** link to modify a claim's information. The claim summary screen will be displayed on the summary screen (**Step 5** for Professional and **Step 6** for Institutional).
- To finish and submit the claim, click the **Submit This Claim** button at the bottom of the page.
- If you choose not to submit the claim at this time, click **Save** near the top-right of the page. If the claim is now complete and contains no errors, it will be moved the **Claims Ready to Be Submitted** list. You may access saved claims at any time by returning to the **View Claims** page.

Copy:

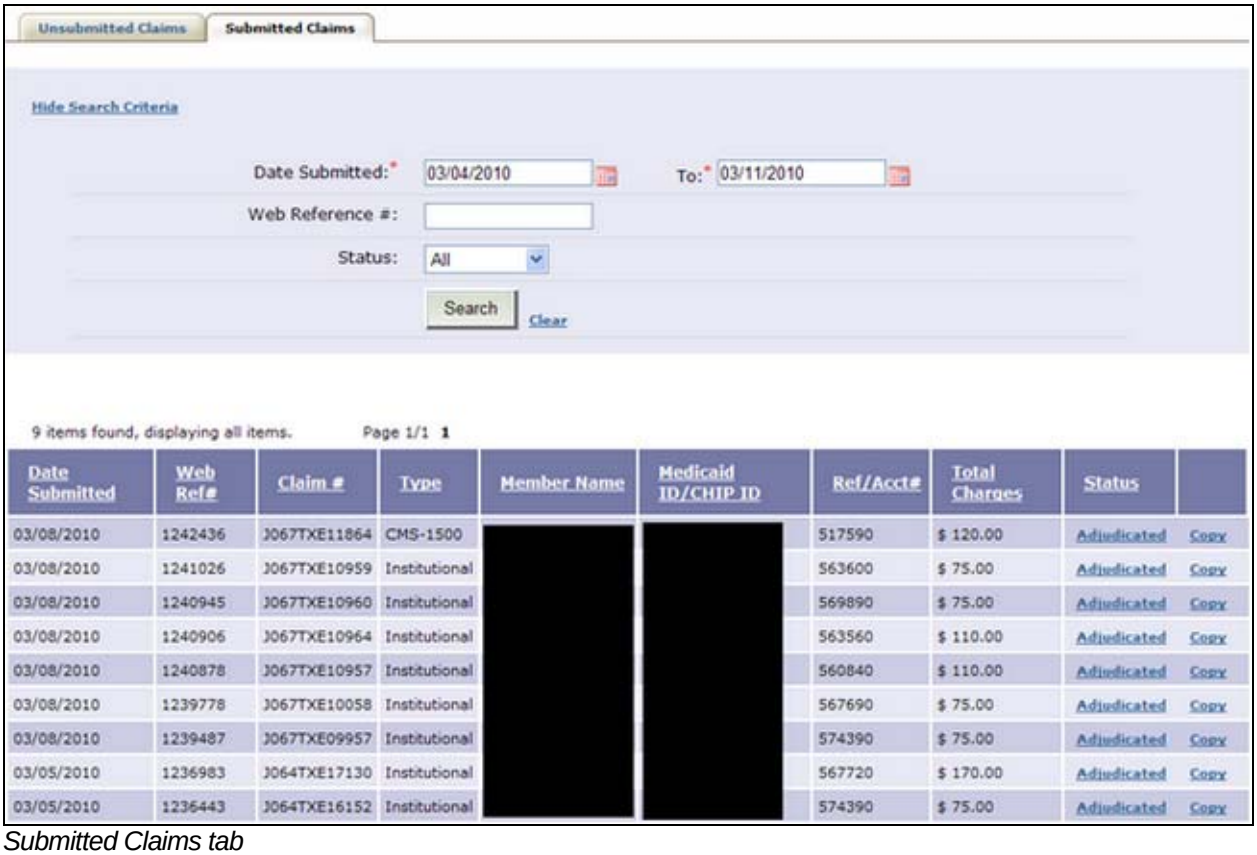
Rather than starting with a new, blank claim it may be easier to start with a copy of a completed claim. This can be helpful when creating multiple claims that vary only slightly (e.g., the claims are identical except for their dates of service).

- Click the claim's **Copy** link. **Step 1** of the newly copied claim will be displayed. Complete the claim as described in **Create Professional/Institutional Claim**

Delete:

To permanently delete a "Ready to Be Submitted" claim, click the claim's **Delete** link.

Submitted Claims


Unsubmitted Claims
Submitted Claims
Hide Search Criteria
Date Submitted:* 03/04/2010
To:* 03/11/2010
Web Reference #:
Status: All
Search
Clear
9 items found, displaying all items.
Page 1/1 1
Date Submitted
Web Ref#
Claim #
Type
Member Name
Medicaid ID/CHIP ID
Ref/Acct#
Total Charges
Status
03/08/2010 1242436 J067TXE11864 CMS-1500 517590 $ 120.00 Adjudicated Copy
03/08/2010 1241026 J067TXE10959 Institutional 563600 $ 75.00 Adjudicated Copy
03/08/2010 1240945 J067TXE10960 Institutional 569890 $ 75.00 Adjudicated Copy
03/08/2010 1240906 J067TXE10964 Institutional 563560 $ 110.00 Adjudicated Copy
03/08/2010 1240878 J067TXE10957 Institutional 560840 $ 110.00 Adjudicated Copy
03/08/2010 1239778 J067TXE10058 Institutional 567690 $ 75.00 Adjudicated Copy
03/08/2010 1239487 J067TXE09957 Institutional 574390 $ 75.00 Adjudicated Copy
03/05/2010 1236983 J064TXE17130 Institutional 567720 $ 170.00 Adjudicated Copy
03/05/2010 1236443 J064TXE16152 Institutional 574390 $ 75.00 Adjudicated Copy
Submitted Claims tab

Submitted Claims displays a list of web claim submissions made during the past seven days. You can change your Submitted Claims list by entering new search criteria (i.e. **Date Submitted**, **Web Ref #,** and **Status**) and clicking the **Search** button.

Clear:

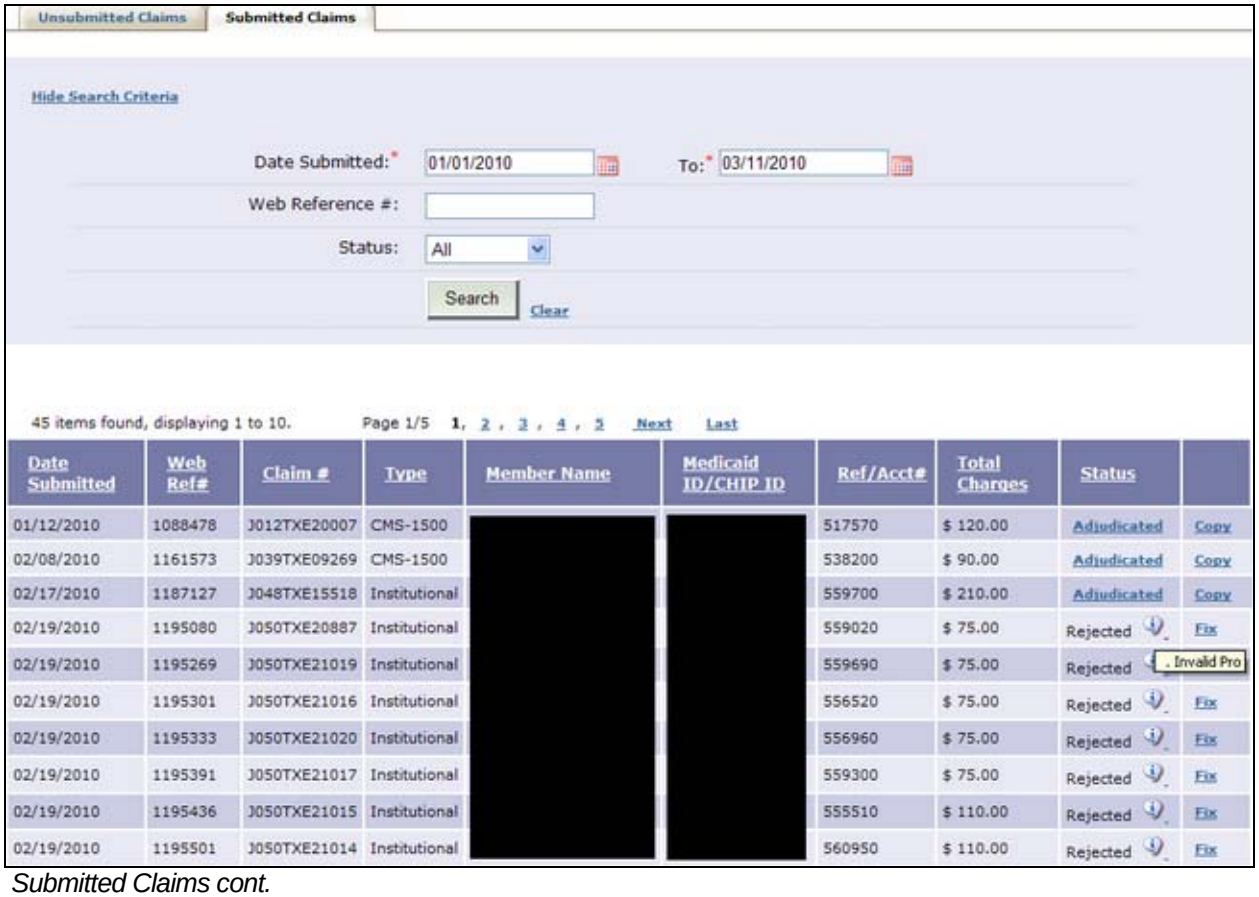
- Click the **Clear** hyperlink to clear the search criteria entered.

Copy:

Rather than starting with a new, blank claim (see **Create Professional/Institutional Claim** above), it may be easier to start with a copy of a previously submitted claim. This can be helpful when creating a new claim that varies only slightly from a previously submitted claim.

- Click the claim's **Copy** link.

  Step1 of the newly copied claim will be displayed. Complete the claim as described in **Create Professional/Institutional Claim**.


Unsubmitted Claims
Submitted Claims
Hide Search Criteria
Date Submitted:* 01/01/2010
To:* 03/11/2010
Web Reference #:
Status: All
Search
Clear
45 items found, displaying 1 to 10.
Page 1/5 1, 2, 3, 4, 5 Next Last
Date Submitted | Web Ref# | Claim # | Type | Member Name | Medicaid ID/CHIP ID | Ref/Acct# | Total Charges | Status
01/12/2010 | 1088478 | J012TXE20007 | CMS-1500 | [redacted] | [redacted] | 517570 | $ 120.00 | Adjudicated | Copy
02/08/2010 | 1161573 | J039TXE09269 | CMS-1500 | 538200 | $ 90.00 | Adjudicated | Copy
02/17/2010 | 1187127 | J048TXE15518 | Institutional | 559700 | $ 210.00 | Adjudicated | Copy
02/19/2010 | 1195080 | J050TXE20887 | Institutional | 559020 | $ 75.00 | Rejected | Fix
02/19/2010 | 1195269 | J050TXE21019 | Institutional | 559690 | $ 75.00 | Rejected | Invalid Pro
02/19/2010 | 1195301 | J050TXE21016 | Institutional | 556520 | $ 75.00 | Rejected | Fix
02/19/2010 | 1195333 | J050TXE21020 | Institutional | 556960 | $ 75.00 | Rejected | Fix
02/19/2010 | 1195391 | J050TXE21017 | Institutional | 559300 | $ 75.00 | Rejected | Fix
02/19/2010 | 1195436 | J050TXE21015 | Institutional | 555510 | $ 110.00 | Rejected | Fix
02/19/2010 | 1195501 | J050TXE21014 | Institutional | 560950 | $ 110.00 | Rejected | Fix
Submitted Claims cont.

Status:

The status of a submitted claim may be displayed as:

- **In Progress**. The claim has been submitted for processing.

- **Rejected**. The claim has been rejected and not entered into the adjudication system. Hover the mouse cursor over the icon to view reasons for the rejection.

  Currently, rejected claims cannot be adjusted online. You may choose to make a copy of the rejected claim, "fix" it, and submit it. To do this click on the Fix link and go through the claim submittal process to make any necessary changes, then resubmit. The claim will be given a new reference and claim number.

- **Accepted**. The claim has been received and entered into the adjudication system.

- **Adjudicated**. The claim has completed the adjudication cycle and no further action will be taken. Click the **Adjudicated** link to view the claim's **Check Claim Status** detail page.

View Payment History

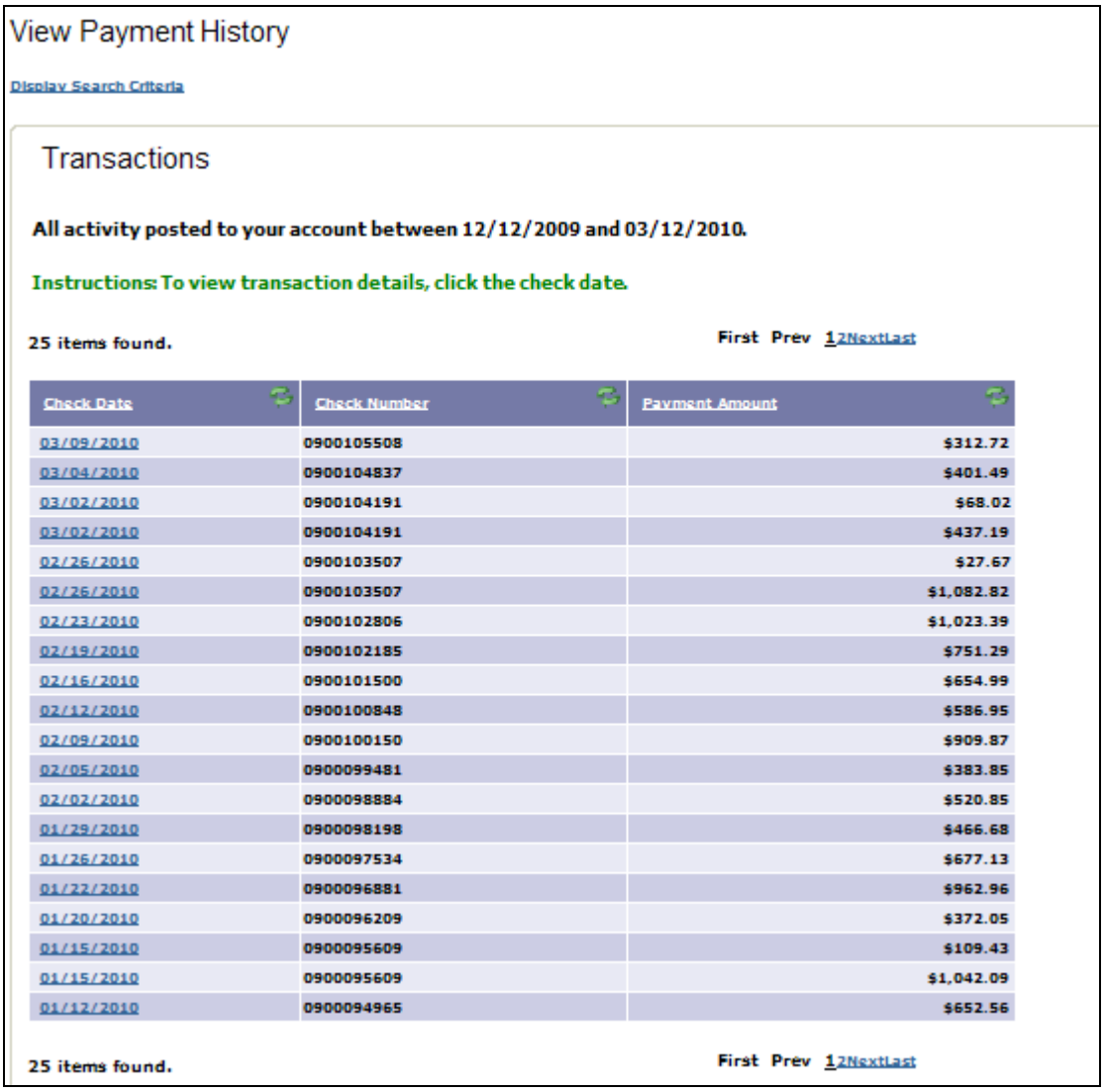
The **View Payment History** feature allows you to view all payment transactions posted to your account as well as the explanation of payment (EOP) details.

From the navigation menu at the top of the page, select **Claims, View Payment History**.

Navigation Menu

Payment History Results

The **View Payment History** results appear displaying all payment transactions posting to your account for the last three months or that met the search criteria you entered.



View Payment History

Display Search Criteria

Transactions

All activity posted to your account between 12/12/2009 and 03/12/2010.

Instructions: To view transaction details, click the check date.

25 items found. First Prev 1 2 Next Last

Check Date	Check Number	Payment Amount
03/09/2010	0900105508	$312.72
03/04/2010	0900104837	$401.49
03/02/2010	0900104191	$68.02
03/02/2010	0900104191	$437.19
02/26/2010	0900103507	$27.67
02/26/2010	0900103507	$1,082.82
02/23/2010	0900102806	$1,023.39
02/19/2010	0900102185	$751.29
02/16/2010	0900101500	$654.99
02/12/2010	0900100848	$586.95
02/09/2010	0900100150	$909.87
02/05/2010	0900099481	$383.85
02/02/2010	0900098884	$520.85
01/29/2010	0900098198	$466.68
01/26/2010	0900097534	$677.13
01/22/2010	0900096881	$962.96
01/20/2010	0900096209	$372.05
01/15/2010	0900095609	$109.43
01/15/2010	0900095609	$1,042.09
01/12/2010	0900094965	$652.56

25 items found. First Prev 1 2 Next Last

Payment History Results

- Click **Check Date** hyperlink to access the explanation of payment (EOP) details.

You can navigate the list of matching transactions using the following controls:

- **First** displays the first page of the results listing.
- **Prev** displays the page of results immediately preceding the currently displayed page.
- **Page Number** displays the corresponding page of results (20 transactions per page)
- **Next** displays the page of results immediately following the currently displayed page.
- **Last** displays the last page of the results listing.

Tip

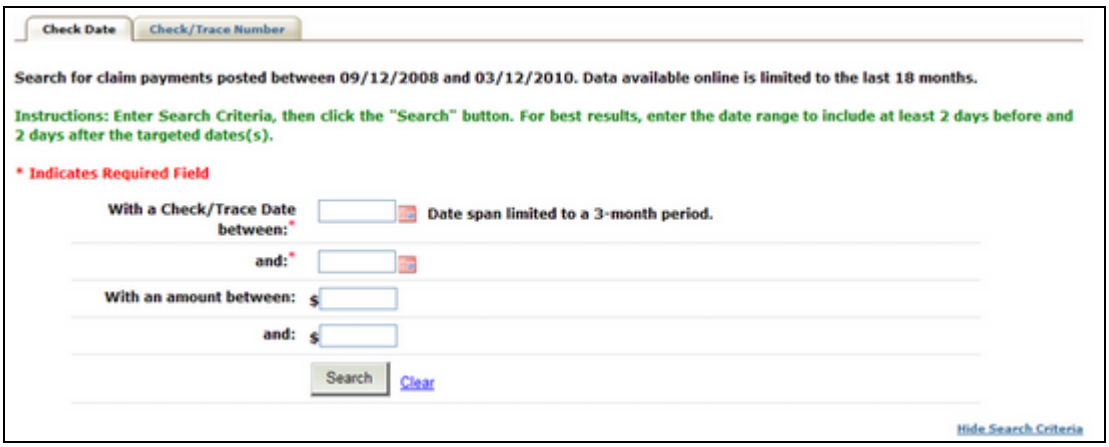
You can re-sort the list by any column by clicking on the column's heading (**Check Date**, **Check Number**, **Payment Amount**). Clicking the same column heading a second time reverses the sort order (ascending vs. descending).

The **View Payment History** feature allows you to search for specific payment transactions by clicking the **Display Search Criteria** hyperlink. Once clicked, the View Payment History page expands to include a search section displaying two tabs: **Check Date** and **Check/Trace Number**.

Search - Check Date

The **Check Date** tab is selected by default. If it is not selected, simply click the **Check Date** tab.

This tab allows you to search for a payment transaction by entering a **Check Date** range. You also have the option to enter a **Payment Amount** range as well.


Check Date
Check/Trace Number
Search for claim payments posted between 09/12/2008 and 03/12/2010. Data available online is limited to the last 18 months.
Instructions: Enter Search Criteria, then click the "Search" button. For best results, enter the date range to include at least 2 days before and 2 days after the targeted dates(s).
* Indicates Required Field
With a Check/Trace Date between:*
Date span limited to a 3-month period.
and:*
With an amount between: $
and: $
Search
Clear
Hide Search Criteria

Check Date tab

- Enter **Check Date** range.
- Limit the Payment Transactions List further by entering a **Payment Amount** range (optional).
- Click **Search** button to access Search Results.

Clear:

- Click the **Clear** hyperlink to reset the Check Date and Payment Amount range fields.

Hide Search Criteria:

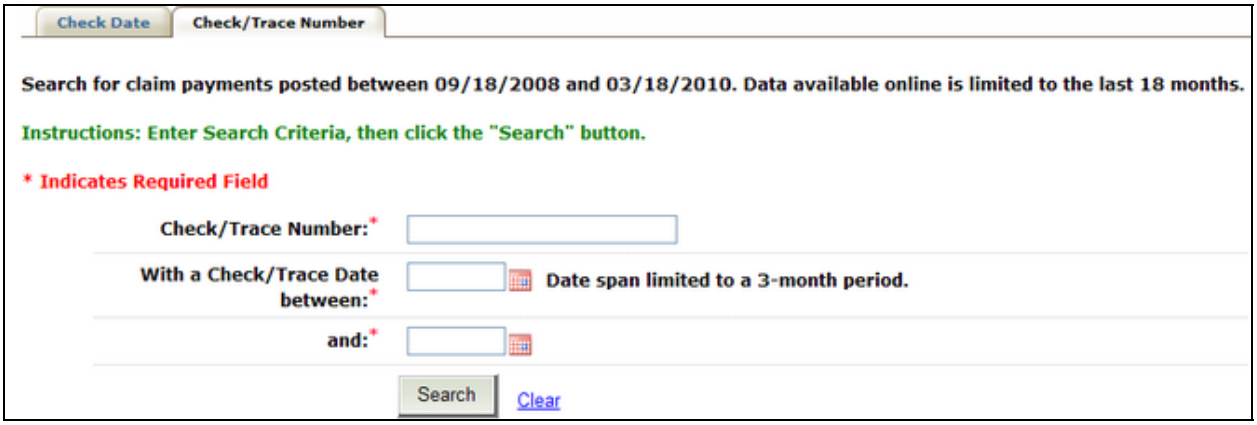
- Click the **Hide Search Criteria** hyperlink to collapse the View Payment History search section.

Tip

Use the convenient calendar function to set the Check Date fields.

Search – Check/Trace Number

The **Check Number** tab allows you to search for a payment transaction by entering a check or Trace number and date range.


Check Date
Check/Trace Number
Search for claim payments posted between 09/18/2008 and 03/18/2010. Data available online is limited to the last 18 months.
Instructions: Enter Search Criteria, then click the "Search" button.
* Indicates Required Field
Check/Trace Number:*
With a Check/Trace Date between:*
Date span limited to a 3-month period.
and:*
Search
Clear

Check Number tab

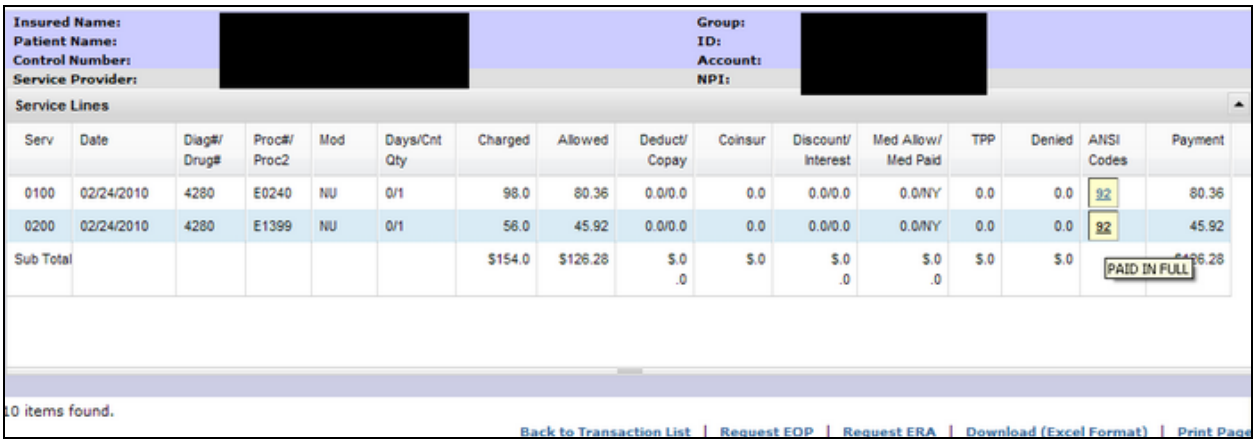
- Enter **Check or Trace Number**.
- Enter **Date Range**
- Click **Search** button to access Search Results.

Clear:

- Click the **Clear** hyperlink to reset the Check Number field.

Hide Search Criteria:

- Click the **Hide Search Criteria** hyperlink to collapse the View Payment History search section.



Explanation of Payment Details

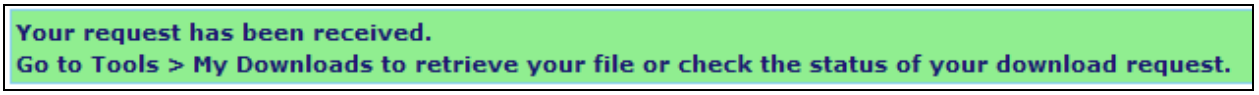
- Hover over the **ANSI Code** hyperlink to view a text description of that particular code.

Back to Transaction List:

- To return to the Payment History Results page, click the **Back to Transaction List** hyperlink.

Download (Excel) Format:

- To download the explanation of payment details into an Excel spreadsheet, click the **Download (Excel) Format** hyperlink.


Your request has been received.
Go to Tools > My Downloads to retrieve your file or check the status of your download request.

Download to Excel

You can retrieve your downloaded file or check the status of your request by accessing **My Download** feature of the website.

From the navigation menu at the top of the page, select **Resources, My Download**.

Navigation Menu

Print Page:

- To print the explanation of payment details, click the **Print Page** hyperlink.

Request EOP

- By clicking on this hyperlink, you can request that a re-print of an original EOP be mailed to your address.

Request ERA

- By clicking on this hyperlink, you can request that a re-print of an original ERA be sent to you electronically

Tip

You can sort the Explanation of Payment Details by using one of the following options provided in the **Sort By** drop-down menu.

Explanation of Payment Details Sort Options

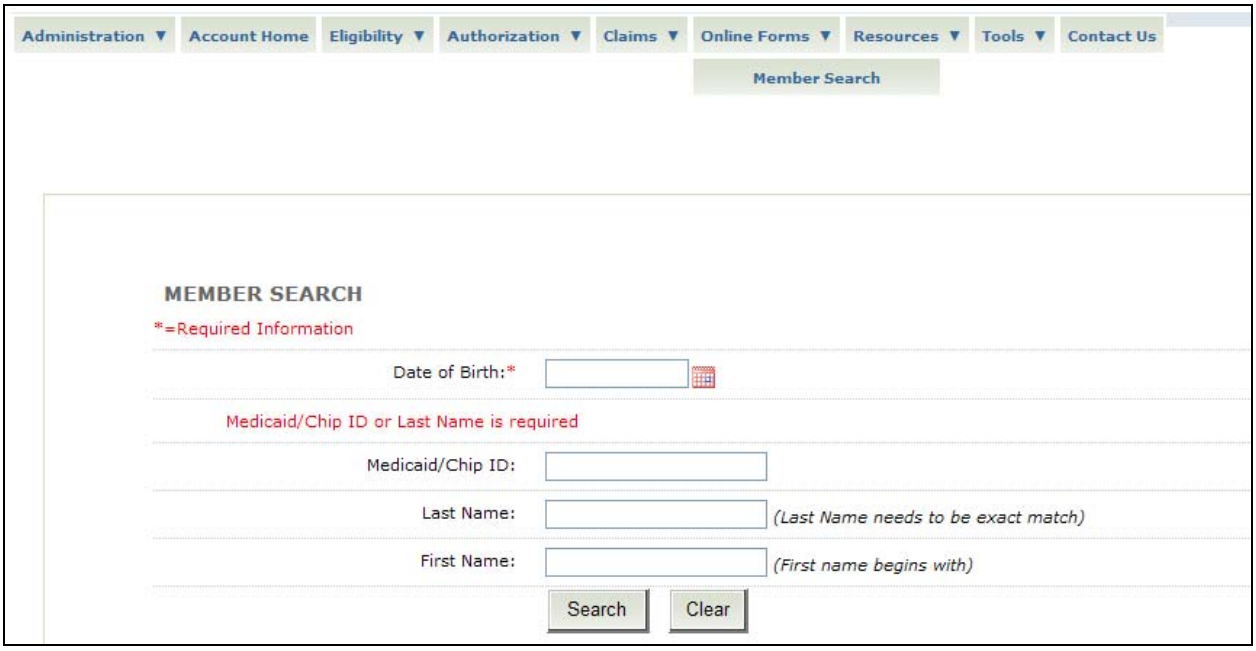
The default sort order for the Explanation of Payment Details is by **Insured Name**.

Online Forms

The Online Forms feature allows you to upload Notification of Pregnancy forms on to the web portal and also allows you to download and print a **Prenatal Pregnancy Vitamin** Form.

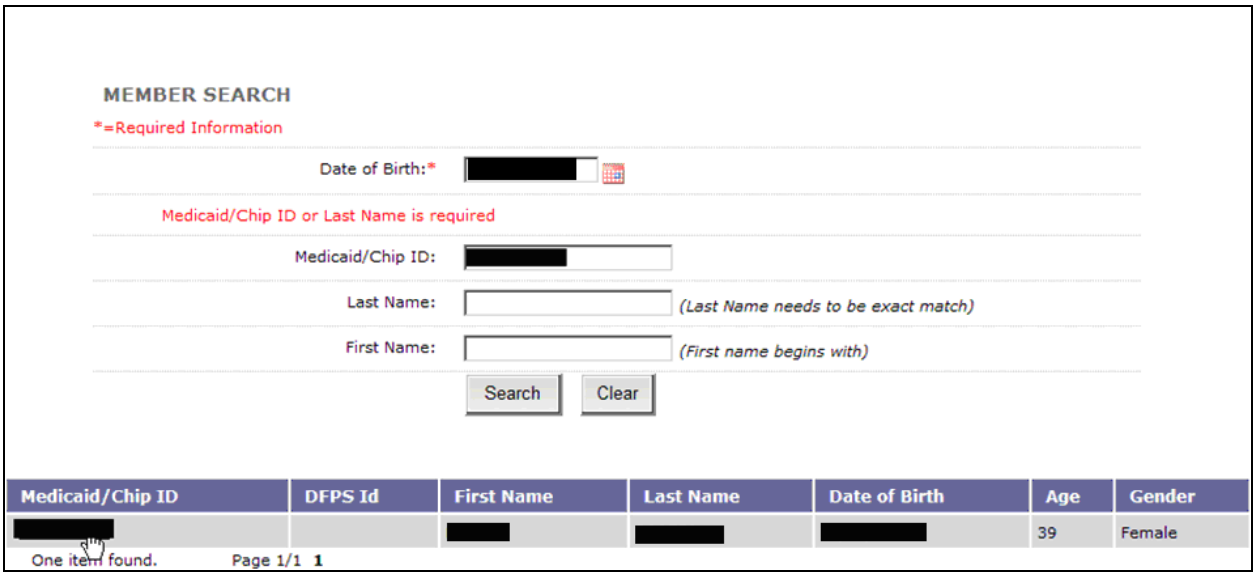
.

From the navigation menu at the top of the page, select **Online forms, Member Search**.

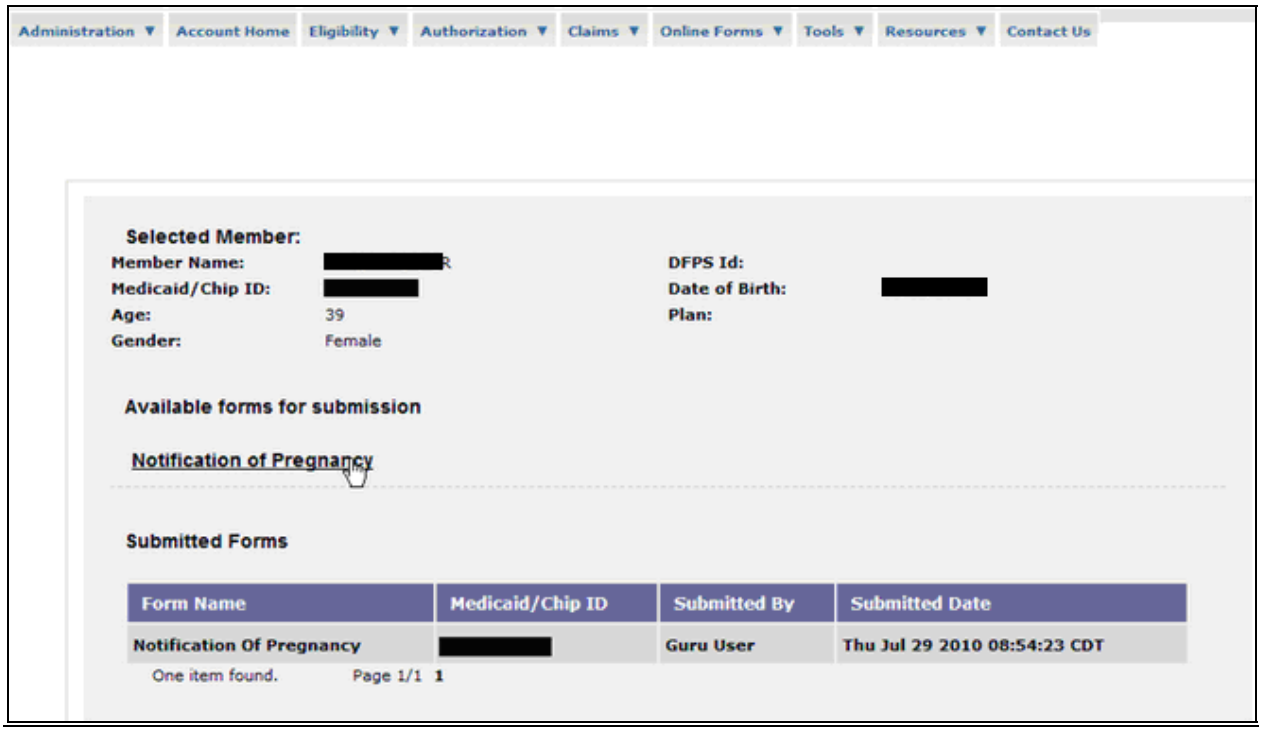


- Search for a member
- Enter a **Date of Birth**
- Enter a **Medicaid ID** OR **Last Name**
- Click **Search** button to access Search Results

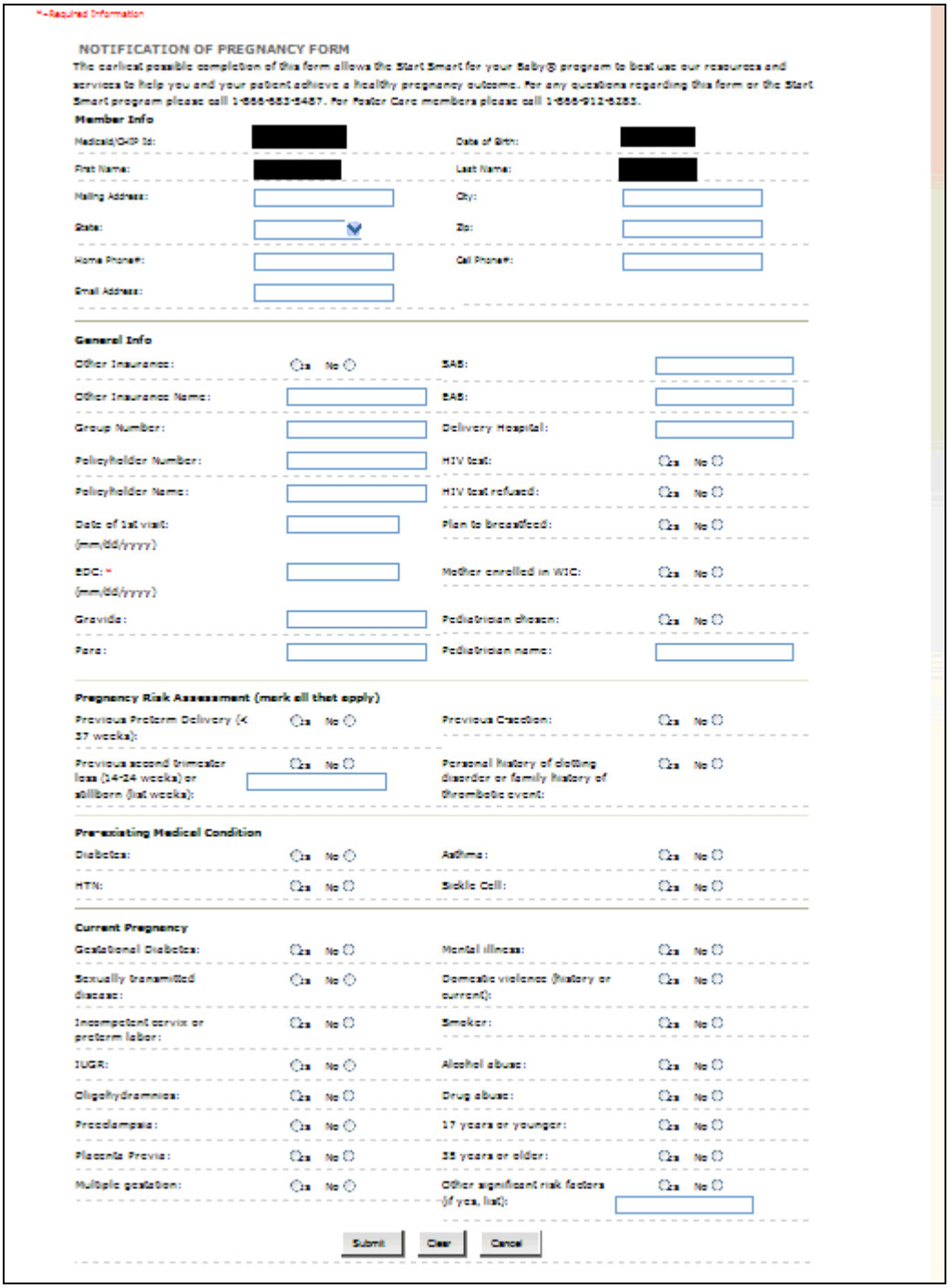
- Select the Desired Member
- Verify the member searched for is in the results table
- Click on the **Medicaid ID** of the desired Member



Click on the **Notification of Pregnancy** link to access the form



Make sure all required information is entered and click submit



*=Required Information

NOTIFICATION OF PREGNANCY FORM

The earliest possible completion of this form allows the Start Smart for your Baby® program to best use our resources and services to help you and your patient achieve a healthy pregnancy outcome. For any questions regarding this form or the Start Smart program please call 1-866-662-6487. For Foster Care members please call 1-866-912-6283.

Member Info

Medicaid/CHIP Id: [redacted] Date of Birth: [redacted]

First Name: [redacted] Last Name: [redacted]

Mailing Address: City:

State: Zip:

Home Phone#: Cell Phone#:

Email Address:

General Info

Other Insurance: Yes No SAB:

Other Insurance Name: SAB:

Group Number: Delivery Hospital:

Policyholder Number: HIV test: Yes No

Policyholder Name: HIV test refused: Yes No

Date of 1st visit: (mm/dd/yyyy) Plan to Breastfeed: Yes No

EDC: * (mm/dd/yyyy) Mother enrolled in WIC: Yes No

Gravida: Pediatrician chosen: Yes No

Para: Pediatrician name:

Pregnancy Risk Assessment (mark all that apply)

Previous Preterm Delivery (< 37 weeks): Yes No Previous C-section: Yes No

Previous second trimester loss (14-24 weeks) or stillborn (1st weeks): Yes No Personal history of clotting disorder or family history of thrombotic event: Yes No

Pre-existing Medical Condition

Diabetes: Yes No Asthma: Yes No

HTN: Yes No Sickle Cell: Yes No

Current Pregnancy

Gestational Diabetes: Yes No Mental illness: Yes No

Sexually transmitted disease: Yes No Domestic violence (history or current): Yes No

Incompetent cervix or preterm labor: Yes No Smoker: Yes No

IUGR: Yes No Alcohol abuse: Yes No

Oligohydramnios: Yes No Drug abuse: Yes No

Preeclampsia: Yes No 17 years or younger: Yes No

Placenta Previa: Yes No 35 years or older: Yes No

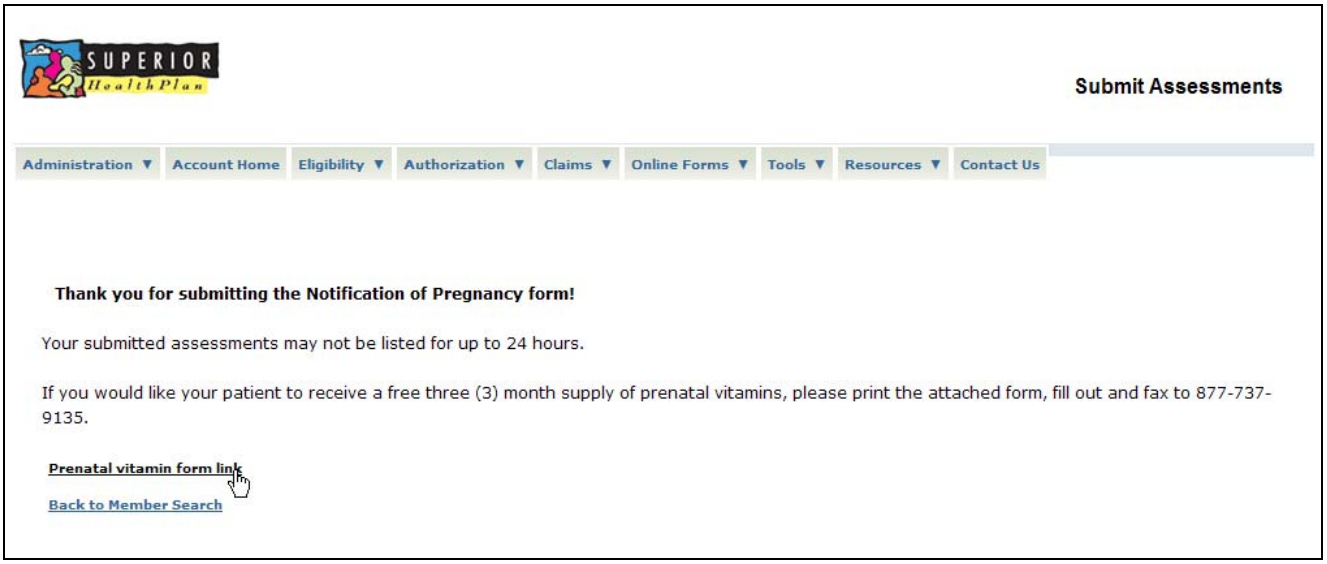
Multiple gestation: Yes No Other significant risk factors (if yes, list): Yes No

Submit Clear Cancel

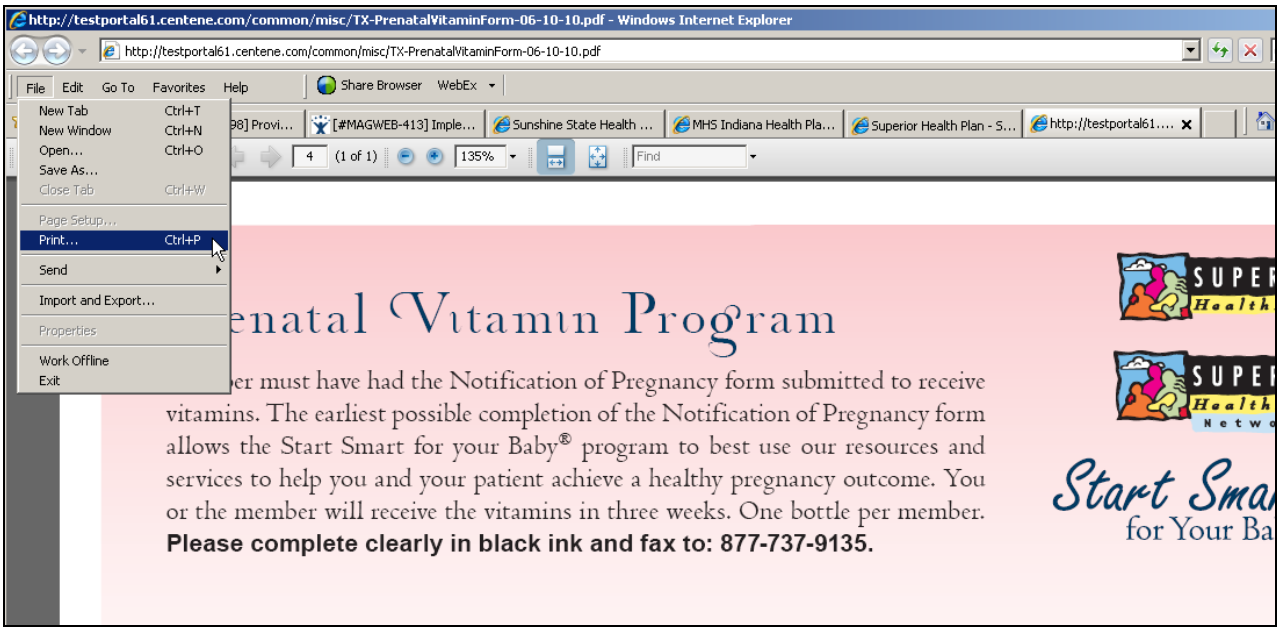
After successfully submitting the NOP form, you should see a message that says, **Thank you for submitting the Notification of Pregnancy form**.

Print Prenatal Pregnancy Vitamin Form

To access the form, click on the link named **Prenatal vitamin form link**


SUPERIOR HealthPlan
Submit Assessments
Administration
Account Home
Eligibility
Authorization
Claims
Online Forms
Tools
Resources
Contact Us
Thank you for submitting the Notification of Pregnancy form!
Your submitted assessments may not be listed for up to 24 hours.
If you would like your patient to receive a free three (3) month supply of prenatal vitamins, please print the attached form, fill out and fax to 877-737-9135.
Prenatal vitamin form link
Back to Member Search

A new window/tab will open in the browser. From the browser, select file print to print the form.


http://testportal61.centene.com/common/misc/TX-PrenatalVitaminForm-06-10-10.pdf - Windows Internet Explorer
File
Edit
Go To
Favorites
Help
New Tab Ctrl+T
New Window Ctrl+N
Open... Ctrl+O
Save As...
Close Tab Ctrl+W
Page Setup...
Print... Ctrl+P
Send
Import and Export...
Properties
Work Offline
Exit
enatal Vitamin Program
er must have had the Notification of Pregnancy form submitted to receive vitamins. The earliest possible completion of the Notification of Pregnancy form allows the Start Smart for your Baby® program to best use our resources and services to help you and your patient achieve a healthy pregnancy outcome. You or the member will receive the vitamins in three weeks. One bottle per member.
Please complete clearly in black ink and fax to: 877-737-9135.

Once the form is printed, close the window/tab that includes the Prenatal vitamin form.